

Prepared 8/09/11
15:31:41

Employee Status Change Proposal

CITY OF MISSOURI CITY

Dp/Dv/Act : 30 25 531 PUBLIC SAFETY -/PATROL/PU
Employee : 790 MERRITT, GENEANE
Address :

-----Current-----Proposed-----
Position - Authorized . . . : 57
Position - Actual : 57
Dp/Dv/Act - Authorized . . . : 3025531
Dp/Dv/Act - Actual : 3025531
Grade/Step : P5 1
Elm/Obj :
Hourly rate : 36.8808
Annual rate : 76,712.00
Pay frequency : BW
Schedule hours code : T2
Employee status : FT
Hourly/Salaried : H
Full time/part/temp : F
Exempt from overtime : Y

Reason for status change . . . : DEMOTION
Effective date : 7/31/11

Comments : Voluntary demotion from CID Captain to
Patrol Lt.; reduced annual salary from
\$81,609 to \$76,712, effective 7/31/2011.

Authorized signatures :

Department

Human Resources




STATUS CHANGE REQUEST FORM

| | | |
|---|-----------------------------|--------------------------|
| Employee's Name GENEANE MERRITT | Employee ID 10032 | Date 7/18/2011 |
|---|-----------------------------|--------------------------|

Total certification pay may not exceed \$100.00 combined excluding bilingual, arson investigator, EMT paramedic, Master Peace Officer, Field Training Officer, SWAT, and SCU Officer; attach a valid copy of the corresponding certificate

Effective Date **8/31/2011**

- | | | |
|--|---|-----------------|
| <input type="checkbox"/> Bilingual Pay (<i>Spanish only</i>) | <input type="checkbox"/> Add <input type="checkbox"/> Subtract | \$30 |
| <input type="checkbox"/> Intermediate Peace Officer | <input type="checkbox"/> Add <input type="checkbox"/> Subtract | \$30 |
| <input type="checkbox"/> Advanced Peace Officer | <input type="checkbox"/> Add <input type="checkbox"/> Subtract | \$30 |
| <input type="checkbox"/> Instructor's Certificate | <input type="checkbox"/> Add <input type="checkbox"/> Subtract | \$30 |
| <input type="checkbox"/> Master Peace Officer | <input type="checkbox"/> Add <input type="checkbox"/> Subtract | \$30 |
| <input type="checkbox"/> Field Training Officer | <input type="checkbox"/> Add <input type="checkbox"/> Subtract | \$50 |
| <input type="checkbox"/> S.W.A.T. Crime Unit | <input type="checkbox"/> Add <input type="checkbox"/> Subtract | \$50 |
| <input type="checkbox"/> Special Crime Unit | <input type="checkbox"/> Add <input type="checkbox"/> Subtract | \$150 |
| <input type="checkbox"/> Clothing Allowance | <input type="checkbox"/> Add <input type="checkbox"/> Subtract | \$37.50 |
| <input checked="" type="checkbox"/> Cell Phone Allowance | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Subtract | \$ 90.00 |

- SHIFT CHANGE:** From Shift **DAY** To Shift **EVENING**
- ASSIGNMENT:** Current **POLICE CAPTAIN (CID)** New **POLICE LIEUTENANT (PATROL)**
- PROMOTION/DEMOTION/SUSPENSION:**
 Current \$ **81,609** New \$ **78,345**
 From: **Police Capt.** To: **Police Lieutenant**
 With Pay: Without Pay:

- SEPARATION:**
- RESIGNED
 RETIRED
 TERMINATED
 TRANSFER/OTHER DEPT
- LEAVE:**
- Family Medical Leave (FML)
 Return From FML
 Light Duty
 Workers' Comp (WC) Leave
 Return From WC Leave
 Other

COMMENTS:

Michael A. Berezin
Supervisor's Printed Name

Michael A. Berezin
Supervisor's Signature

Joel F. Fitzgerald SA
Department Head's Printed Name

[Signature]
Department Head's Signature

Voluntary Demotion
from CID Captain
to Patrol Lieutenant;
reduced salary from
\$81,609 to \$78,345
Effective 08/31/2011

Re: Lt. Merritt's pay

6% reduction is

\$76,712 (\$36⁸⁸/hr)

● please specify if

New salary is \$78,345
or 76,712 /yr.

Prepared 10/07/09
14:44:03

Employee Status Change Proposal

CITY OF MISSOURI CITY

Dp/Dv/Act : 30 21 531 PUBLIC SAFETY -/POLICE AD
Employee : 10032 MERRITT, GEANEANE
Address :

| | -----Current----- | -----Proposed----- |
|--------------------------------|-------------------|--------------------|
| Position - Authorized . . . : | 174 | |
| Position - Actual : | 174 | |
| Dp/Dv/Act - Authorized . . . : | 3021531 | |
| Dp/Dv/Act - Actual : | 3021531 | |
| Grade/Step : | P6 1 | |
| Elm/Obj : | | |
| Hourly rate : | 381.8463 | |
| Annual rate : | 794,240.40 | |
| Pay frequency : | BW | |
| Schedule hours code : | RG | |
| Employee status : | FT | |
| Hourly/Salaried : | H | |
| Full time/part/temp : | F | |
| Exempt from overtime : | Y | |

Reason for status change . . . : NEW HIRE FULL TIME
Effective date : 9/27/09

Comments : Employee hired as Police Captain (CID) with
annual rate of \$79,424.40, effective
09/27/2009.

Authorized signatures . . . :

Department


Human Resources



From: Milly Smith/MOCTYDOM
To: HR Temp/MOCTYDOM@MOCTYDOM
cc: Edward G. Williams/MOCTYDOM@MOCTYDOM

Date: Monday, August 10, 2009 11:43AM
Subject: Fw: Job Offer

Toni, please prepare a job offer letter for Geneane Hughes and then forward to me for review.
Thank you.

Milly

Milly Smith
HR/OD Manager
City of Missouri City
Phone: 281-403-8682
Fax #: 281-403-8971

----- Forwarded by Milly Smith/MOCTYDOM on 08/10/2009 11:48 AM -----

**Larry
Capps/MOCTYDOM**

08/08/2009 10:16 AM

ToMilly Smith/MOCTYDOM@MOCTYDOM
ccPat Worrell/MOCTYDOM@MOCTYDOM,
John Bailey/MOCTYDOM@MOCTYDOM,
Lance Bothell/MOCTYDOM@MOCTYDOM,
Joel F.
Fitzgerald/MOCTYDOM@MOCTYDOM, Mike
Berezin/MOCTYDOM@MOCTYDOM, Gerald
Broussard/MOCTYDOM@MOCTYDOM

SubjectJob Offer

Milly:

We are ready to make an offer to Geneane Hughes for a police captain position. Can you draft the job offer letter and e-mail it to me? Here's the info:

Geneane Hughes

[

11/2/07

Start Date: 09-27-2009 ✓
Starting Salary: \$72,204 ✓
Supervisor: Assistant Chief Pat Worrell

Per our discussion on the phone, Hughes will be in town August the 20th and 21st for final processing as follows:

August 20th:

8:00 a.m. - psychological written test at city hall
1:00 p.m. - polygraph test in Humble

August 21st:

9:00 a.m. - clinical interview / psych test
1:00 p.m. - medical / drug screen test at clinic

Brew:

No rush, but start putting together basic issue items. We can address uniforms and weapon / WEB gear after she starts.

Larry E. Capps
Captain - Administrative Services
Missouri City Police Department
Office: 281- 403 - 8714
Fax: 281- 403-5479

My e-mail has changed to: LCapps@missouricitytx.gov

PAYROLL

Page: 552.101/CLP representative sample
withhold all direct deposit authorizations



101/CLP (financial)

DEPARTMENT OF HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Company Name: City of Missouri City

I (we) hereby authorize The City of Missouri City, (hereinafter **City**), to deposit any amounts owed me by initializing credit entries to my account at the financial institution (hereinafter **Bank**) indicated below. Further, I authorize Bank to accept and to credit any entries indicated by City to my account. In the event the City deposits funds erroneously into my account, I authorize City to debit my account for any amount not to exceed the original amount of the erroneous credit.

The authorization is to remain in full force and effect until received written notice from me of its termination at such time and in such manner as to afford City and Bank reasonable time to act on it. If you need to make any changes to your direct deposit (such as bank account, account number, etc.), you must contact the Department of Human Resources & Organizational Development.

Check Attached
Yes No

Check Attached
Yes No

NAME OF FINANCIAL INSTITUTION: _____

Account # _____ Routing # _____

Checking Savings

Amount or % of Deposit _____

Check Attached
Yes No

Printed Name GENEANE ~~HUGHES~~ MERRITT

Signature [Signature] Date 02 / 06 / 17

**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.]

Geneane Merritt
(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 | ✓ | |

geneane merritt
(Signature)

10-29-14
(Date)

FAMILY COURT OF PHILADELPHIA
DOMESTIC RELATION DIV
FAMILY COURT BUILDING
1501 ARCH STREET
PHILADELPHIA PA 19102-1508

CITY OF MISSOURI CITY
1522 TEXAS PKWY
MISSOURI CITY TX 77489-2170



Address Sheet for IN-015
Service Type M

Form IN-015 07/15
Worker ID 51B04

In the Court of Common Pleas of PHILADELPHIA County, Pennsylvania
DOMESTIC RELATIONS DIVISION

GENEANE R. MERRITT

vs.

ALONZO HUGHES

Plaintiff

Defendant

) Docket Number: 00-34546

) PACSES Case Number: 515101950

) Other State ID Number: 0012366195

Employer: CITY OF MISSOURI CITY

1522 TEXAS PKWY, MISSOURI CITY, TX. 77489-2170-22

**ORDER FOR EARNINGS REPORT, HEALTH INSURANCE INFORMATION AND
SUBPOENA**

Employee Name: GENEANE R. MERRITT

Employee Aliases:

SSN:

1171075/147

Date of Birth:

1/10/02

AND NOW, this 28TH DAY OF JULY, 2016 since it appears that GENEANE R. MERRITT is employed by you, and it is necessary that the Court obtain earnings and health insurance information relating to the above-named individual in order to adjudicate a matter of support, IT IS HEREBY ORDERED AND DECREED that you supply the Court with the information required by the enclosed Earnings Report and Health Insurance Coverage Report and file them with the Court on or before AUGUST 12, 2016.

If you fail to supply the information required by this Order, a subpoena will be issued requiring you to attend Court and bring the material with you, or other appropriate sanctions will be imposed by the Court.

BY THE COURT:

Date of Order: JULY 28, 2016

MARGARET THERESA MURPHY

JUDGE



Service Type M

Form IN-015 07/15

Worker ID 51B04

Employer: CITY OF MISSOURI CITY

Check if address supplied is: () Employment Location () Payroll Address () Employment and Payroll locations are the same.
Please supply your Federal Employer Identification Number: _____

Re: GENEANE R. MERRITT

PACSES Case No.: 515101950

SSN: _____

17/1175/DOB
147

1/62

101/CLP (financial)

EARNINGS REPORT

Furnish Earnings information for the above-named employee for each pay period during the last six (6) months. It is preferred that you attach a photocopy of your records containing the earnings information requested. Attach a copy of the employee's most recent W-2 Form.

Payroll/Id Number: _____ Nature of Employment: Police Lieutenant

Employee Address: 1522 Texas Parkway, Missouri City, TX 77489

Date of Hire: 09/27/2009 Last day worked/terminated: presently employed

Reason: _____

Call back date: _____ Full-time: Part-time: _____ Gross hourly rate: \$ _____

Pay cycle: () Monthly () Semi-Monthly Bi-Weekly () Weekly

| | | | | | | |
|------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Payroll Period Ending | 7/23/2016 | 7/09/2016 | 6/25/2016 | 6/11/2016 | 5/28/2016 | 5/14/2016 |
| Date of Pay | 7/29/2016 | 7/15/2016 | 7/01/2016 | 6/17/2016 | 6/03/2016 | 5/20/2016 |
| Gross Pay | 3,251.34 | 3,413.41 | 3,429.73 | 3,042.48 | 3,042.48 | 3,042.49 |
| Deductions | | | | | | |
| Federal Withholding | 239.13 | 279.65 | 283.73 | 191.90 | 191.90 | 191.90 |
| Social Security | 216.85 | 228.16 | 229.25 | 203.43 | 203.43 | 203.43 |
| Local Wage Tax | | | | | | |
| State Income Tax | | | | | | |
| Retirement | 246.29 | 266.55 | 267.78 | 238.64 | 238.64 | 238.64 |
| Savings Bonds | | | | | | |
| Credit Union | | | | | | |
| Life Insurance | | | | | | |
| Health Insurance | — | 80.55 | 80.55 | 80.55 | 80.55 | 80.55 |
| Other (Specify) Dental | — | 30.16 | 30.16 | 30.16 | 30.16 | 30.16 |
| Other Vision | — | .85 | .85 | .85 | .85 | .85 |
| Net Pay | 2,765.41 | 2,868.51 | 2,879.56 | 2,615.99 | 2,615.99 | 2,616.00 |
| Hours Worked | 80 | 80 | 80 | 80 | 80 | 80 |

I verify that the statements made in this Earnings Report are true and correct. I understand that false statements herein are subject to the criminal penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Signed by: Paula Cobb

Date: 08/10/201

Position: HR Admin Asst



Employer: CITY OF MISSOURI CITY

Check if address supplied is: () Employment Location () Payroll Address () Employment and Payroll locations are the same. Please supply your Federal Employer Identification Number: _____

Re: GENEANE R. MERRITT

PACSES Case No.: 515101950

SSN: _____

DOB: 11/17/1977
147

3102

10/1/CLP (financial)

EARNINGS REPORT

Furnish Earnings information for the above-named employee for each pay period during the last six (6) months. It is preferred that you attach a photocopy of your records containing the earnings information requested. Attach a copy of the employee's most recent W-2 Form.

Payroll/Id Number: 790

Nature of Employment: Police Lieutenant

Employee Address: 1522 Texas Parkway, Missouri City, TX 77489

Date of Hire: 09/27/2009

Last day worked/terminated: presently employed

Reason: _____

Call back date: _____ Full-time: Part-time: _____ Gross hourly rate: \$ _____

Pay cycle: () Monthly () Semi-Monthly Bi-Weekly () Weekly

| | | | | | | |
|-----------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Payroll Period Ending | 7/23/2016 | 7/09/2016 | 6/25/2016 | 6/11/2016 | 5/28/2016 | 5/14/2016 |
| Date of Pay | 7/21/2016 | 7/15/2016 | 7/01/2016 | 6/17/2016 | 6/03/2016 | 5/20/2016 |
| Gross Pay | 3,251.34 | 3,413.41 | 3,429.73 | 3,042.48 | 3,042.48 | 3,042.49 |
| Deductions Federal Withholding | 239.13 | 279.65 | 283.73 | 191.90 | 191.90 | 191.90 |
| Social Security | 216.85 | 228.16 | 229.25 | 203.43 | 203.43 | 203.43 |
| Local Wage Tax | | | | | | |
| State Income Tax | | | | | | |
| Retirement | 246.29 | 266.55 | 267.78 | 238.64 | 238.64 | 238.64 |
| Savings Bonds | | | | | | |
| Credit Union | | | | | | |
| Life Insurance | | | | | | |
| Health Insurance | — | 80.55 | 80.55 | 80.55 | 80.55 | 80.55 |
| Other (Specify) Dental | — | 30.16 | 30.16 | 30.16 | 30.16 | 30.16 |
| Other Vision | — | .85 | .85 | .85 | .85 | .85 |
| Net Pay | 2,765.41 | 2,868.51 | 2,879.56 | 2,615.99 | 2,615.99 | 2,616.00 |
| Hours Worked | 80 | 80 | 80 | 80 | 80 | 80 |

I verify that the statements made in this Earnings Report are true and correct. I understand that false statements herein are subject to the criminal penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Signed by: Paula Cobb

Date: 08/10/201

Position: HR Admin Asst



RS [552.117]

Employer: CITY OF MISSOURI CITY

Re: GENEANE R. MERRITT

PACSES Case No.: 515101950

SSN

17/11/77
147 DOB

1102

10/1/CLP (insurance)

HEALTH INSURANCE COVERAGE REPORT

This form must be completed and returned within fifteen (15) days. Failure to comply may result in issuance of a subpoena or other appropriate sanctions.

Does the employer make medical, dental, eye care, prescription or other insurance coverage available to the employee? Yes No

Name the dependents covered under the employee's insurance, and indicate which types of coverage they have through your company.

| Full Name | SSN | Type of Coverage | | | |
|-----------|-----|------------------|---------|--------|--------------|
| | | Hospital | Medical | Dental | Prescription |

Provide the information indicated for each type of insurance which is available to the employee whether or not any of the above-named dependents are covered at this time:

Insurance company (provider): Blue Cross/Blue Shield
 Claims address: P.O. Box 731428, Dallas, TX 75373-1428
 Group #: 010341 Plan #: _____ Policy #: _____
 Effective coverage date: ~~10/27/2015~~ 9/27/15 Type of Coverage: Medical - PPO
 Employee cost of coverage for dependents _____

Insurance company (provider): Metlife
 Claims address: P.O. Box 804466
 Group #: _____ Plan #: _____ 136 Policy #: _____
 Effective coverage date: 12/27/2015 Type of Coverage: Dental
 Employee cost of coverage for dependents: 3



Employer: CITY OF MISSOURI CITY

101/CLP (Insurance)

Re: GENEANE R. MERRITT

PACSES Case No.: 515101950

SSN: 117/1177

DOB: 102

HEALTH INSURANCE COVERAGE REPORT

This form must be completed and returned within fifteen (15) days. Failure to comply may result in issuance of a subpoena or other appropriate sanctions.

Does the employer make medical, dental, eye care, prescription or other insurance coverage available to the employee? Yes No

Name the dependents covered under the employee's insurance, and indicate which types of coverage they have through your company.

Type of Coverage

Full Name

SSN

Hospital-

Prescrip-

Provide the information indicated for each type of insurance which is available to the employee whether or not any of the above-named dependents are covered at this time:

Insurance company (provider): Blue Cross/Blue Shield

Claims address: P.O. Box 731428, Dallas, TX 75373-1428

Group #: 010341 Plan #: _____ Policy #: _____

Effective coverage date: ~~10/27/2015~~ 9/27/09 Type of Coverage: Medical - PPO

Employee cost of coverage for dependents: _____

Insurance company (provider): Metlife

Claims address: P.O. Box 804466

Group #: _____ Plan #: _____ Policy #: _____

Effective coverage date: 12/27/2015 Type of Coverage: Dental

Employee cost of coverage for dependents: \$



101/CLP (insurance)

Insurance company (provider): United Healthcare
 Claims address: 22561 Network Place, Chicago, IL 60673-1225
 Group #: _____ Plan #: 136 Policy #: ~~1551005~~
 Effective coverage date: 12/27/2015 Type of Coverage: Vision
 Employee cost of coverage for dependents: _____

Insurance company (provider): _____
 Claims address: _____
 Group #: _____ Plan #: _____ Policy #: _____
 Effective coverage date: _____ Type of Coverage: _____
 Employee cost of coverage for dependents: _____

If the above-named dependents are not currently covered by insurance, please state the earliest date coverage could be provided _____

PLEASE PROVIDE FORMS NECESSARY TO ADD DEPENDENTS, AS THE EMPLOYEE MAY BE ORDERED TO PROVIDE COVERAGE FOR THEM.

I verify that the statements made on this Health Insurance Coverage Information form are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: 08/10/2016

Parla Cobb
Signature

HR Admin Assistant
Title

Please return the completed documents to:

FAMILY COURT OF PHILADELPHIA
 DOMESTIC RELATION DIV
 FAMILY COURT BUILDING
 1501 ARCH STREET
 PHILADELPHIA PA 19102-1508
 H.O. 8/19/16 10³⁰ AM H.O. Wong
 Phone: (215) 686-7466-9368
 Fax: (215) 686-9194 9377



[552.101/CLP] - withheld throughout documents

| Emp No | Employee Name | | | Dept. | Advice Date | Week Ending | Type | Advice No. | | | |
|------------|-----------------|---------|-----------|----------|-------------|--------------|-----------|---------------------|----------------------|--------|----------|
| 790 | GENEANE MERRITT | | | 10100120 | 05/20/2016 | 05/14/2016 | BI-WEEKLY | 32453 | | | |
| Earnings | | Rate | Days/Hrs. | Current | YTD | Deductions | | Current | YTD | Empr | Empr YTD |
| FT NON | | 41.6391 | 80.00 | 3,331.11 | 28,814.04 | SOC SECURITY | | 203.43 | 2,060.11 | 203.43 | 2,060.11 |
| VACATION | | | | | 1,582.28 | MEDICARE | | 47.58 | 481.83 | 47.58 | 481.83 |
| SICK-SELF | | | | | 1,665.55 | MED INSURANC | | 80.55 | 805.50 | 345.57 | 3,455.70 |
| HOLIDAY | | | | | 999.33 | DEN INSURANC | | 30.16 | 301.60 | 3.14 | 31.40 |
| CT TAKEN | | | | | 666.22 | VISION INSUR | | .85 | 8.50 | 4.76 | 47.60 |
| PHONE VOIC | | | | 20.77 | 207.70 | WORK COMP | | | | 46.40 | 469.68 |
| LONGEVITY | | | | 11.08 | 110.80 | TMRS | | 238.64 | 2,415.54 | 306.82 | 3,105.68 |
| ADV PEACE | | | | 46.15 | 461.50 | LONG TERM DI | | | | 12.13 | 121.30 |
| IMPUTED IN | | | | 4.35 | 43.50 | LIFE/AD&D IN | | | | 2.75 | 27.50 |
| | | | | | | FED W/H | | 191.90 | 2,005.85 | | |
| | | | | | | DEPOSITS: | | | | | |
| | | | | | | NET | | 523.20 | 7,378.50 | | |
| | | | | | | | | 2,092.80 | 19,049.99 | | |

101/CLP (financial)

| Leave | Beginning | Earned | Used | Balance | YTD Earned | YTD Used | Withholding Allowances | | |
|------------|-----------|--------|------|---------|------------|----------|------------------------|------------|--------------|
| VACATION | 16.1800 | 4.6200 | | 20.780 | 41.58 | 38.00 | Filing Status | Exemptions | Extra Amount |
| SICK SELF | 8.0000 | | | 8.000 | | 139.40 | Federal | | \$.00 |
| MAJOR ILLN | 128.9200 | 3.6900 | | 132.610 | 132.61 | | Advice Totals | | |
| FLOAT HOL | 8.0000 | | | 8.000 | 8.00 | | Type | Current | YTD |
| COMP TIME | 6.5000 | 4.5000 | | 11.000 | 27.00 | 16.00 | Taxable Pay | 3,042.49 | 30,812.08 |
| | | | | | | | Gross Pay | 3,413.46 | 34,550.92 |
| | | | | | | | Deductions | 793.11 | 8,078.93 |
| | | | | | | | Net Pay | 2,616.00 | 26,428.49 |



City of Missouri City
 1522 Texas Parkway
 Missouri City, TX 77489
 281-403-8500 Fax 281-403-0671

032453
 GENEANE MERRITT

City of Missouri City

Advice Amount

\$2,615.99

| Emp No | Employee Name | Dept. | Advice Date | Week Ending | Type | Advice No. | | | |
|-----------------|-----------------|-----------|-------------|-------------|--------------|------------|-----------|--------|----------|
| 790 | GENEANE MERRITT | 10100120 | 06/03/2016 | 05/28/2016 | BI-WEEKLY | 32815 | | | |
| Earnings | Rate | Days/Hrs. | Current | YTD | Deductions | Current | YTD | Empr | Empr YTD |
| FT NON VACATION | 41.6391 | 72.00 | 2,997.99 | 31,812.03 | SOC SECURITY | 203.43 | 2,263.54 | 203.43 | 2,263.54 |
| SICK-SELF | 41.6391 | 8.00 | 333.11 | 1,998.66 | MEDICARE | 47.58 | 529.41 | 47.58 | 529.41 |
| HOLIDAY | | | | 999.33 | MED INSURANC | 80.55 | 886.05 | 345.57 | 3,801.27 |
| CT TAKEN | | | | 666.22 | DEN INSURANC | 30.16 | 331.76 | 3.14 | 34.54 |
| PHONE VOIC | | | 20.77 | 228.47 | VISION INSUR | .85 | 9.35 | 4.76 | 52.36 |
| LONGEVITY | | | 11.08 | 121.88 | WORK COMP | | | 46.40 | 516.08 |
| ADV PEACE | | | 46.15 | 507.65 | TMRS | 238.64 | 2,654.18 | 306.82 | 3,412.50 |
| IMPUTED IN | | | 4.35 | 47.85 | LONG TERM DI | | | 12.13 | 133.43 |
| | | | | | LIFE/AD&D IN | | | 2.75 | 30.25 |
| | | | | | FED W/H | 191.90 | 2,197.75 | | |
| | | | | | DEPOSITS: | | | | |
| | | | | | NET | 523.20 | 7,901.70 | | |
| | | | | | | 2,092.79 | 21,142.78 | | |

101/CLP
(financial)

| Leave | Beginning | Earned | Used | Balance | YTD Earned | YTD Used | Withholding Allowances | | |
|------------|-----------|--------|-------|---------|------------|----------|-------------------------------------|-----------------------|--------------|
| VACATION | 20.7800 | 4.6200 | | 25.400 | 46.20 | 38.00 | Filing Status | Exemptions | Extra Amount |
| SICK SELF | 8.0000 | | 8.000 | | | 147.40 | Federal | | \$.00 |
| MAJOR ILLN | 132.6100 | 3.6900 | | 136.300 | 136.30 | | Advice Totals | | |
| FLOAT HOL | 8.0000 | | | 8.000 | 8.00 | | Type <td>Current <td>YTD </td></td> | Current <td>YTD </td> | YTD |
| COMP TIME | 11.0000 | | | 11.000 | 27.00 | 16.00 | Taxable Pay | 3,042.48 | 33,854.56 |
| | | | | | | | Gross Pay | 3,413.45 | 37,964.37 |
| | | | | | | | Deductions | 793.11 | 8,872.04 |
| | | | | | | | Net Pay | 2,615.99 | 29,044.48 |



City of Missouri City
 1522 Texas Parkway
 Missouri City, TX 77489
 281-403-8500 Fax 281-403-0671

032815
 GENEANE MERRITT

City of Missouri City

Advice Amount

\$2,615.99

| Emp No | Employee Name | | Dept. | Advice Date | Week Ending | Type | Advice No. | | | | |
|------------|-----------------|-------|-----------|-------------|--------------|------------|------------|---------|----------|--------|----------|
| 790 | GENEANE MERRITT | | 10100120 | 06/17/2016 | 06/11/2016 | BI-WEEKLY | 33168 | | | | |
| Earnings | | Rate | Days/Hrs. | Current | YTD | Deductions | | Current | YTD | Empir | Empr YTD |
| FT NON | 41.6391 | 72.00 | 2,997.99 | 34,810.02 | SOC SECURITY | 203.43 | 2,466.97 | 203.43 | 2,466.97 | 203.43 | 2,466.97 |
| VACATION | | | | 1,582.28 | MEDICARE | 47.58 | 576.99 | 47.58 | 576.99 | 47.58 | 576.99 |
| SICK-SELF | | | | 1,998.66 | MED INSURANC | 80.55 | 966.60 | 345.57 | 4,146.84 | 345.57 | 4,146.84 |
| HOLIDAY | 41.6391 | 8.00 | 333.11 | 1,332.44 | DEN INSURANC | 30.16 | 361.92 | 3.14 | 37.68 | 3.14 | 37.68 |
| CT TAKEN | | | | 666.22 | VISION INSUR | .85 | 10.20 | 4.76 | 57.12 | 4.76 | 57.12 |
| PHONE VOIC | | | | 20.77 | WORK COMP | | | 46.40 | 562.48 | 46.40 | 562.48 |
| LONGEVITY | | | | 11.08 | TMRS | 238.64 | 2,892.82 | 306.82 | 3,719.32 | 306.82 | 3,719.32 |
| ADV PEACE | | | | 46.15 | LONG TERM DI | | | 12.13 | 145.56 | 12.13 | 145.56 |
| IMPUTED IN | | | | 4.35 | LIFE/AD&D IN | | | 2.75 | 33.00 | 2.75 | 33.00 |
| | | | | | FED W/H | 191.90 | 2,389.65 | | | | |
| | | | | | DEPOSITS: | | | | | | |
| | | | | | | | 8,424.90 | | | | |
| | | | | | | | 2,225.57 | | | | |

101/CLP
(financial)

| Leave | Beginning | Earned | Used | Balance | YTD Earned | YTD Used | Withholding Allowances | | |
|------------|-----------|--------|------|---------|------------|----------|------------------------|------------|--------------|
| VACATION | 25.4000 | 4.6200 | | 30.020 | 50.82 | 38.00 | Filing Status | Exemptions | Extra Amount |
| SICK SELF | | | | | | 147.40 | Federal | | \$.00 |
| MAJOR ILLN | 136.3000 | 3.6900 | | 139.990 | 139.99 | | Advice Totals | | |
| FLOAT HOL | 8.0000 | | | 8.000 | 8.00 | | Type | Current | YTD |
| COMP TIME | 11.0000 | | | 11.000 | 27.00 | 16.00 | Taxable Pay | 3,042.48 | 36,897.04 |
| | | | | | | | Gross Pay | 3,413.45 | 41,377.82 |
| | | | | | | | Deductions | 793.11 | 9,665.15 |
| | | | | | | | Net Pay | 2,615.99 | 31,660.47 |



City of Missouri City
 1522 Texas Parkway
 Missouri City, TX 77489
 281-403-8500 Fax 281-403-0671

033168
 GENEANE MERRITT

City of Missouri City

Advice Amount **\$2,879.56**

| Emp No | Employee Name | | | Dept. | Advice Date | Week Ending | Type | Advice No. | | | |
|------------|-----------------|-------|-----------|-----------|--------------|------------------|-----------|------------|--------------------------|--------|----------|
| 790 | GENEANE MERRITT | | | 10100120 | 07/01/2016 | 06/25/2016 | BI-WEEKLY | 33545 | | | |
| Earnings | | Rate | Days/Hrs. | Current | YTD | Deductions | | Current | YTD | Empr | Empr YTD |
| FT NON | 41.6391 | 66.00 | 2,748.16 | 37,558.18 | SOC SECURITY | 229.25 | 2,696.22 | 229.25 | 2,696.22 | 229.25 | 2,696.22 |
| VACATION | 41.6391 | 24.00 | 999.33 | 2,581.61 | MEDICARE | 53.61 | 630.60 | 53.61 | 630.60 | 53.61 | 630.60 |
| SICK-SELF | | | | 1,998.66 | MED INSURANC | 80.55 | 1,047.15 | 345.57 | 4,492.41 | 345.57 | 4,492.41 |
| HOLIDAY | | | | 1,332.44 | DEN INSURANC | 30.16 | 392.08 | 3.14 | 40.82 | 3.14 | 40.82 |
| CT TAKEN | | | | 666.22 | VISION INSUR | .85 | 11.05 | 4.76 | 61.88 | 4.76 | 61.88 |
| PHONE VOIC | | | 20.77 | 270.01 | WORK COMP | | | 52.07 | 614.55 | 52.07 | 614.55 |
| LONGEVITY | | | 11.08 | 144.04 | TMRS | 267.78 | 3,160.60 | 344.29 | 4,063.61 | 344.29 | 4,063.61 |
| ADV PEACE | | | 46.15 | 599.95 | LONG TERM DI | | | 12.13 | 157.69 | 12.13 | 157.69 |
| IMPUTED IN | | | 4.35 | 56.55 | LIFE/AD&D IN | | | 2.75 | 35.75 | 2.75 | 35.75 |
| | | | | | FED W/H | 283.73 | 2,673.38 | | | | |
| | | | | | | DEPOSITS: | | | | | |
| | | | | | | | 575.04 | 9,000.81 |] 10/1/16 (financial) | | |
| | | | | | | | 2,303.00 | 25,539.22 | | | |

| Leave | Beginning | Earned | Used | Balance | YTD Earned | YTD Used | Withholding Allowances | | |
|------------|-----------|--------|--------|---------|------------|----------|-------------------------------------|-----------------------|--------------|
| VACATION | 30.0200 | 4.6200 | 24.000 | 10.640 | 55.44 | 62.00 | Filing Status | Exemptions | Extra Amount |
| SICK SELF | | | | | | 147.40 | Federal | | \$.00 |
| MAJOR ILLN | 139.9900 | 3.6900 | | 143.680 | 143.68 | | Advice Totals | | |
| FLOAT HOL | 8.0000 | | | 8.000 | 8.00 | | Type <td>Current <td>YTD </td></td> | Current <td>YTD </td> | YTD |
| COMP TIME | 11.0000 | | | 11.000 | 27.00 | 16.00 | Taxable Pay | 3,429.73 | 40,326.77 |
| | | | | | | | Gross Pay | 3,829.84 | 45,207.66 |
| | | | | | | | Deductions | 945.93 | 10,611.08 |
| | | | | | | | Net Pay | 2,879.56 | 34,540.03 |



City of Missouri City
 1522 Texas Parkway
 Missouri City, TX 77489
 281-403-8500 Fax 281-403-0671

033545
 GENEANE MERRITT

City of Missouri City

Advice Amount **\$2,868.51**

| Emp No | Employee Name | | Dept. | Advice Date | Week Ending | Type | Advice No. | | | | |
|-----------------|-----------------|---------|-----------|-------------|-------------|--------------|------------|----------|-----------|--------|----------|
| 790 | GENEANE MERRITT | | 10100120 | 07/15/2016 | 07/09/2016 | BI-WEEKLY | 33908 | | | | |
| Earnings | | Rate | Days/Hrs. | Current | YTD | Deductions | | Current | YTD | Empr | Empr YTD |
| FT NON VACATION | | 41.6391 | 80.00 | 3,385.75 | 40,943.93 | SOC SECURITY | | 228.16 | 2,924.38 | 228.16 | 2,924.38 |
| SICK-SELF | | | | | 2,581.61 | MEDICARE | | 53.36 | 683.96 | 53.36 | 683.96 |
| HOLIDAY | | 43.0050 | 8.00 | 344.04 | 1,998.66 | MED INSURANC | | 80.55 | 1,127.70 | 345.57 | 4,837.98 |
| CT TAKEN | | | | | 1,676.48 | DEN INSURANC | | 30.16 | 422.24 | 3.14 | 43.96 |
| PHONE VOIC | | | | 20.77 | 666.22 | VISION INSUR | | .85 | 11.90 | 4.76 | 66.64 |
| LONGEVITY | | | | 11.08 | 290.78 | WORK COMP | | | | 51.83 | 666.38 |
| ADV PEACE | | | | 46.15 | 155.12 | TMRS | | 266.55 | 3,427.15 | 342.70 | 4,406.31 |
| IMPUTED IN | | | | 4.50 | 646.10 | LONG TERM DI | | | | 12.52 | 170.21 |
| | | | | | 61.05 | LIFE/AD&D IN | | | | 2.75 | 38.50 |
| | | | | | | FED W/H | | 279.65 | 2,953.03 | | |
| | | | | | | DEPOSITS: | | | | | |
| | | | | | | | | 573.70 | 9,574.51 | | |
| | | | | | | | | 2,294.81 | 27,834.03 | | |

104/CLP
(financial)

| Leave | Beginning | Earned | Used | Balance | YTD Earned | YTD Used | Withholding Allowances | | |
|------------|-----------|--------|------|---------|------------|----------|-------------------------------------|-----------------------|--------------|
| VACATION | 10.6400 | 4.6200 | | 15.260 | 60.06 | 62.00 | Filing Status | Exemptions | Extra Amount |
| SICK SELF | | | | | | 147.40 | Federal | | \$.00 |
| MAJOR ILLN | 143.6800 | 3.6900 | | 147.370 | 147.37 | | Advice Totals | | |
| FLOAT HOL | 8.0000 | | | 8.000 | 8.00 | | Type <td>Current <td>YTD </td></td> | Current <td>YTD </td> | YTD |
| COMP TIME | 11.0000 | 3.0000 | | 14.000 | 30.00 | 16.00 | Taxable Pay | 3,413.41 | 43,740.18 |
| | | | | | | | Gross Pay | 3,812.29 | 49,019.95 |
| | | | | | | | Deductions | 939.28 | 11,550.36 |
| | | | | | | | Net Pay | 2,868.51 | 37,408.54 |



City of Missouri City
 1522 Texas Parkway
 Missouri City, TX 77489
 281-403-8500 Fax 281-403-0671

033908
 GENEANE MERRITT

City of Missouri City

Advice Amount **\$2,765.41**

| Emp No | Employee Name | | Dept. | Advice Date | Week Ending | Type | Advice No. |
|------------|-----------------|-------|-----------|-------------|------------------|------------|------------|
| 790 | GENEANE MERRITT | | 10100120 | 07/29/2016 | 07/23/2016 | BI-WEEKLY | 34278 |
| Earnings | | Rate | Days/Hrs. | Current | YTD | Deductions | |
| FT NON | 43.0050 | 80.00 | 3,440.40 | 44,384.33 | SOC SECURITY | 216.85 | 3,141.23 |
| VACATION | | | | 2,581.61 | MEDICARE | 50.72 | 734.68 |
| SICK-SELF | | | | 1,998.66 | MED INSURANC | | 1,127.70 |
| HOLIDAY | | | | 1,676.48 | DEN INSURANC | | 422.24 |
| CT TAKEN | | | | 666.22 | VISION INSUR | | 11.90 |
| PHONE VOIC | | | 20.77 | 311.55 | WORK COMP | | 47.89 |
| LONGEVITY | | | 11.08 | 186.20 | TMRS | 246.29 | 3,673.44 |
| ADV PEACE | | | 46.15 | 692.25 | LONG TERM DI | | 316.66 |
| IMPUTED IN | | | | 61.05 | LIFE/AD&D IN | | 170.21 |
| | | | | | FED W/H | 239.13 | 3,192.16 |
| | | | | | DEPOSITS: | | |
| | | | | | | 553.08 | 10,127.59 |
| | | | | | | 2,212.22 | 20,046.36 |

*101/CLP
(financial)*

| Leave | Beginning | Earned | Used | Balance | YTD Earned | YTD Used | Withholding Allowances | | |
|------------|-----------|--------|------|---------|------------|----------|-------------------------------------|-----------------------|--------------|
| VACATION | 15.2600 | 4.6200 | | 19.880 | 64.68 | 62.00 | Filing Status | Exemptions | Extra Amount |
| SICK SELF | | | | | | 147.40 | Federal | | \$.00 |
| MAJOR ILLN | 147.3700 | 3.6900 | | 151.060 | 151.06 | | Advice Totals | | |
| FLOAT HOL | 8.0000 | | | 8.000 | 8.00 | | Type <td>Current <td>YTD </td></td> | Current <td>YTD </td> | YTD |
| COMP TIME | 14.0000 | 6.0000 | | 20.000 | 36.00 | 16.00 | Taxable Pay | 3,251.34 | 46,991.52 |
| | | | | | | | Gross Pay | 3,518.40 | 52,538.35 |
| | | | | | | | Deductions | 752.99 | 12,303.35 |
| | | | | | | | Net Pay | 2,765.41 | 40,173.95 |



City of Missouri City
 1522 Texas Parkway
 Missouri City, TX 77489
 281-403-8500 Fax 281-403-0671

034278
 GENEANE MERRITT

| Copy B To Be Filed With Employee's Federal Tax Return | | 22222 | 2015 | OMB No. 1545-0008 |
|---|----------------------------|--------------------------------|------|-------------------|
| a Employee's soc. sec. no. | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 117/1175 147 | 86025.56 | 6298.91 | | |
| b Employer ID number (EIN) | 3 Social security wages | 4 Social security tax withheld | | |
| | 92736.91 | 5749.69 | | |
| c Employer's name, address, and ZIP code | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| | 92736.91 | 1344.70 | | |
| CITY OF MISSOURI CITY, TEXAS 1522 TEXAS PARKWAY MISSOURI CITY, TX 77489 | | | | |
| d Control number | 790 | | | |
| e Employee's name, address, and ZIP code Suff. | | | | |
| GENEANE MERRITT 117/1175 | | | | |
| 7 Social security tips | 8 Allocated tips | 9 | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See inst. for box 12 | | |
| | | C 99.20 | | |
| 13 Statutory employee | 14 Other | 12b Code | | |
| Retirement plan X | | DD 10764.96 | | |
| Third-party sick pay | | 12c Code | | |
| | | 12d Code | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |

Form W-2 Wage and Tax Statement 2015 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service www.irs.gov/efile

| Copy 1 To Be Filed With Employee's State, City, or Local Income Tax Return | | 22222 | 2015 | OMB No. 1545-0008 |
|---|----------------------------|--------------------------------|------|-------------------|
| a Employee's soc. sec. no. | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 117/1175 147 | 86025.56 | 6298.91 | | |
| b Employer ID number (EIN) | 3 Social security wages | 4 Social security tax withheld | | |
| | 92736.91 | 5749.69 | | |
| c Employer's name, address, and ZIP code | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| | 92736.91 | 1344.70 | | |
| CITY OF MISSOURI CITY, TEXAS 1522 TEXAS PARKWAY MISSOURI CITY, TX 77489 | | | | |
| d Control number | 790 | | | |
| e Employee's name, address, and ZIP code Suff. | | | | |
| GENEANE MERRITT 117/1175 | | | | |
| 7 Social security tips | 8 Allocated tips | 9 | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code | | |
| | | C 99.20 | | |
| 13 Statutory employee | 14 Other | 12b Code | | |
| Retirement plan X | | DD 10764.96 | | |
| Third-party sick pay | | 12c Code | | |
| | | 12d Code | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |

Form W-2 Wage and Tax Statement 2015 Dept. of the Treasury - IRS

| Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) | | 22222 | 2015 | OMB No. 1545-0008 |
|---|----------------------------|--------------------------------|------|-------------------|
| a Employee's soc. sec. no. | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 117/1175 147 | 86025.56 | 6298.91 | | |
| b Employer ID number (EIN) | 3 Social security wages | 4 Social security tax withheld | | |
| | 92736.91 | 5749.69 | | |
| c Employer's name, address, and ZIP code | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| | 92736.91 | 1344.70 | | |
| CITY OF MISSOURI CITY, TEXAS 1522 TEXAS PARKWAY MISSOURI CITY, TX 77489 | | | | |
| d Control number | 790 | | | |
| e Employee's name, address, and ZIP code Suff. | | | | |
| GENEANE MERRITT 117/1175 | | | | |
| 7 Social security tips | 8 Allocated tips | 9 | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See inst. for box 12 | | |
| | | C 99.20 | | |
| 13 Statutory employee | 14 Other | 12b Code | | |
| Retirement plan X | | DD 10764.96 | | |
| Third-party sick pay | | 12c Code | | |
| | | 12d Code | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |

Form W-2 Wage and Tax Statement 2015 Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if the income is taxable and you fail to report it.

| Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return | | 22222 | 2015 | OMB No. 1545-0008 |
|---|----------------------------|--------------------------------|------|-------------------|
| a Employee's soc. sec. no. | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| 117/1175 147 | 86025.56 | 6298.91 | | |
| b Employer ID number (EIN) | 3 Social security wages | 4 Social security tax withheld | | |
| | 92736.91 | 5749.69 | | |
| c Employer's name, address, and ZIP code | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| | 92736.91 | 1344.70 | | |
| CITY OF MISSOURI CITY, TEXAS 1522 TEXAS PARKWAY MISSOURI CITY, TX 77489 | | | | |
| d Control number | 790 | | | |
| e Employee's name, address, and ZIP code Suff. | | | | |
| GENEANE MERRITT 117/1175 | | | | |
| 7 Social security tips | 8 Allocated tips | 9 | | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code | | |
| | | C 99.20 | | |
| 13 Statutory employee | 14 Other | 12b Code | | |
| Retirement plan X | | DD 10764.96 | | |
| Third-party sick pay | | 12c Code | | |
| | | 12d Code | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |

Form W-2 Wage and Tax Statement 2015 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service

Instructions for Employee (continued from back of Copy C)

F—Elective deferrals under a section 408(k)(6) salary reduction SEP
G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan
H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.
J—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)
K—20% excise tax on excess golden parachute payments. See "Other Taxes" in the Form 1040 instructions.
L—Substantiated employee business expense reimbursements (nontaxable)
M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions.
N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions.
P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)
Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.
R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.
S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)
T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxes" in the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan
BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590, Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note. Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Notice to Employee

Do you have to file? Ref. the Form 1040 Instructions to determine if you are required to file a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2015 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for 2015 or if income is earned for services provided while you were an inmate at a penal institution. For 2015 income limits and more information, visit www.irs.gov/eitc. Also see Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at www.socialsecurity.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2015 and more than \$7,347 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$4,321.80 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

(Also see Instructions for Employee on the back of Copy C.)

Instructions for Employee (Also see Notice to Employee, on the back of Copy B.)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 9559, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 9559.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions. You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should not be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2015, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

Note. If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.
B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)
D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement
(continued on back of Copy 2)

101/CUP
 (Insurance)

**CITY OF MISSOURI CITY
 EMPLOYEE HEALTH, DENTAL, VISION PREMIUMS
 JANUARY 1, 2016 - DECEMBER 31, 2016**

Active Employees

| | | | |
|--|--------------------------------------|----------------------------------|--------------------------------------|
| | TOTAL MONTHLY PREMIUM | CITY PAYS MONTHLY | EMPLOYEE PAYS MONTHLY |
|--|--------------------------------------|----------------------------------|--------------------------------------|

MEDICAL-HSA/DENTAL HMO/VISION

In Network Providers: See Benefits Highlight

Out of Network Providers: See Benefits Highlight

| | <u>HEALTH</u> | <u>DENTAL</u> | <u>VISION</u> | | | |
|----------------|---------------|---------------|---------------|------------|----------|----------|
| Employee Only | \$404.72 | \$13.27 | \$6.36 | \$424.35 | \$424.35 | \$0.00 |
| Emp/Spouse | \$871.12 | \$25.24 | \$10.72 | \$907.08 | \$733.48 | \$173.60 |
| Emp/Child(ren) | \$712.87 | \$26.56 | \$11.21 | \$750.64 | \$635.20 | \$115.44 |
| Emp/Family | \$1,182.52 | \$43.13 | \$15.51 | \$1,241.16 | \$949.23 | \$291.93 |

MEDICAL-HSA/DENTAL PPO/VISION

In Network Providers: See Benefits Highlight

Out of Network Providers: See Benefits Highlight

| | <u>HEALTH</u> | <u>DENTAL</u> | <u>VISION</u> | | | |
|----------------|---------------|---------------|---------------|------------|----------|----------|
| Employee Only | \$404.72 | \$24.52 | \$6.36 | \$435.60 | \$418.95 | \$16.65 |
| Emp/Spouse | \$871.12 | \$48.30 | \$10.72 | \$930.14 | \$720.35 | \$209.79 |
| Emp/Child(ren) | \$712.87 | \$66.59 | \$11.21 | \$790.67 | \$618.62 | \$172.05 |
| Emp/Family | \$1,182.52 | \$89.05 | \$15.51 | \$1,287.08 | \$929.66 | \$357.42 |

MEDICAL-PPO/DENTAL HMO/VISION

In Network Providers: See Benefits Highlight

Out of Network Providers: See Benefits Highlight

| | <u>HEALTH</u> | <u>DENTAL</u> | <u>VISION</u> | | | |
|----------------|---------------|---------------|---------------|------------|------------|----------|
| Employee Only | \$483.84 | \$13.27 | \$6.36 | \$503.47 | \$465.73 | \$37.74 |
| Emp/Spouse | \$1,041.38 | \$25.24 | \$10.72 | \$1,077.34 | \$835.36 | \$241.98 |
| Emp/Child(ren) | \$852.22 | \$26.56 | \$11.21 | \$889.99 | \$723.49 | \$166.50 |
| Emp/Family | \$1,413.81 | \$43.13 | \$15.51 | \$1,472.45 | \$1,090.61 | \$381.84 |

MEDICAL-PPO/DENTAL PPO/VISION

In Network Providers: See Benefits Highlight

Out of Network Providers: See Benefits Highlight

| | <u>HEALTH</u> | <u>DENTAL</u> | <u>VISION</u> | | |
|----------------|---------------|---------------|---------------|------------|------------|
| Employee Only | \$483.84 | \$24.52 | \$6.36 | \$514.72 | \$460.33 |
| Emp/Spouse | \$1,041.38 | \$48.30 | \$10.72 | \$1,100.40 | \$821.79 |
| Emp/Child(ren) | \$852.22 | \$66.59 | \$11.21 | \$930.02 | \$706.91 |
| Emp/Family | \$1,413.81 | \$89.05 | \$15.51 | \$1,518.37 | \$1,071.04 |

RS [552.117]

* * * Communication Result Report (Aug. 10. 2016 1:28PM) * * *

1)
2)

Date/Time: Aug. 10. 2016 1:26PM

| File | | Destination | Pg(s) | Result | Page |
|------|-----------|--------------|-------|--------|----------|
| No. | Mode | | | | Not Sent |
| 0113 | Memory TX | 912156869377 | P. 14 | OK | |

Reason for error

- E. 1) Hang up or line fail
- E. 3) No answer
- E. 5) Exceeded max. E-mail size

- E. 2) Busy
- E. 4) No facsimile connection
- E. 6) Destination does not support IP-Fax

FAMILY COURT OF PHILADELPHIA
 DOMESTIC RELATION DIV
 FAMILY COURT BUILDING
 1501 ARCH STREET
 PHILADELPHIA PA 19102-1508

CITY OF MISSOURI CITY
 1522 TEXAS PKWY
 MISSOURI CITY TX 77489-2170



Address Sheet for IN-015
Service Type M

Form IN-015 07/15
Worker ID 51B04

Merritt



10/1/16
(financial)

DEPARTMENT OF HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Company Name: City of Missouri City

I (we) hereby authorize The City of Missouri City, (hereinafter **City**), to deposit any amounts owed me by initializing credit entries to my account at the financial institution (hereinafter Bank) indicated below. Further, I authorize Bank to accept and to credit any entries indicated by City to my account. In the event the City deposits funds erroneously into my account, I authorize City to debit my account for any amount not to exceed the original amount of the erroneous credit.

The authorization is to remain in full force and effect until received written notice from me of its termination at such time and in such manner as to afford City and Bank reasonable time to act on it. If you need to make any changes to your direct deposit (such as bank account, account number, etc.), you must contact the Department of Human Resources & Organizational Development.

Account # _____ Routing # _____

Checking

Savings

Amount or % of Deposit _____

Printed Name Geneane Hight

Signature [Signature] Date 01/19/16

Check Attached
Yes No

#790

Page 552.10114P

Page 552.101/CCP

**Waiver to Allow the Adoption of an Alternate Work Schedule for
Police Officers
Pursuant to Subsection 142.0015(j) of the Texas Local Government Code**

Pursuant to subsection 142.0015(j) of the Texas Local Government Code, I, the undersigned Police Officer, hereby waive the prohibition in subsection 142.0015(f) of the Texas Local Government Code, which prohibits a municipality from requiring a police officer "to work more hours during a calendar week than the number of hours in the normal work week of the majority of the employees of the municipality other than firefighters and police officers."

I, the undersigned Police Officer for the City of Missouri City (City) Police Department, understand and acknowledge that the City may adopt, upon receiving a signed waiver from a majority of the Police Officers working for the City, an alternate work schedule consisting of an 84 -hour work period comprised of 7, 12-hour shifts. I understand that, pursuant to this schedule, I will receive my regular salary for hours worked and will receive overtime pay for hours worked in excess of 80 hours during the work period.

By signing this waiver, I hereby acknowledge that I have read and fully understand this waiver and have voluntarily signed this waiver. (See attached Section 142.0015 of the Texas Local Government Code.)

The alternate work schedule may be implemented, amended, and discontinued at the discretion of the Chief of Police.

Garrett M. J.

Printed name of Police Officer

[Signature]

Signature of Police Officer

4-20-15

Date

Gregory T. Nelson

Printed name of witness

[Signature]

Signature of witness

4-20-15

Date

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.]

BRENDA MEACHAM (Name) Sept 10 Start Date

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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Home Telephone Number | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Social Security Number | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Emergency Contact Information | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Information that reveals whether you have family members | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

[Signature]
(Signature)

12-19-11
(Date)

RECEIVED FEB 9 3 2011



HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT

PUBLIC ACCESS OPTION FORM

Genevieve Merritt
(Employee Name)

The Public Information Act allows employees, public officials and former employees and officials to elect whether to keep 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 Texas Public Information Act. Therefore, please indicate whether you wish to allow public release of the following information.

| | |
|--|---|
| Home Address | Public Access? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| Home Telephone Number | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| Social Security Number | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |
| Information that reveals whether you have family members | No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |

Genevieve Merritt
(Employee Signature)

9/30/09
(Date)

101/CLP
(Insurance)



Address or Name Change Form

TMRS members and retirees (or other persons receiving a TMRS monthly benefit) may use this form to make address or name changes to their TMRS account. After you have completed and signed this form, please fax it to 512.476.5576 or mail to P.O. Box 149153, Austin TX 78714-9153. If you fax the form, please retain the original for your records. If you have any questions regarding this form or any other matter, please call 800.924.8677.

PLEASE COMPLETE THIS SECTION

Please type or use only black ink and do not highlight. Any corrections must be initialed.

GENEANE RENEE MERRITT

Full Name (first, middle, last)

TMRS Identification Number (not required)

117/1175/147

Social Security Number

102

CITY OF MISSOURI CITY

Date of Birth (MM/DD/YYYY)

Current or Last Employing City

Daytime Phone Number

117/1175

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR MAILING ADDRESS

117/1175

Daytime Phone Number

Evening Phone Number

GMERRITT@MISSOURICITYTX.GOV

E-mail Address

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR NAME

This section should only be completed if your name has changed and does not match the name currently on record with TMRS.

Old Full Name (first, middle, last)

New Full Name (first, middle, last)

Reason for Change: marriage divorce court order

Note: If you are completing this section, a photocopy of one of the following documents is required with this form: Marriage Certificate, Divorce Decree (Name Change Section), or Court Order.

REQUIRED

Please sign and date this section:

I hereby affirm that the information on this form is true and correct and authorize the Texas Municipal Retirement System to update my TMRS account with this information.

Your Signature

02/08/2012

Date Signed (MM/DD/YYYY)



HP LaserJet M2727nf MFP

Fax Confirmation Report

HP LASERJET FAX

Feb-9-2012 22:17

| Job | Date | Time | Type | Identification | Duration | Pages | Result |
|------|-----------|----------|------|----------------|----------|-------|--------|
| 1425 | 2/ 9/2012 | 22:16:07 | Send | 915124765576 | 1:07 | 1 | OK |

101/CLP
(signature)



Address or Name Change Form

TMRS members and retirees (or other persons receiving a TMRS monthly benefit) may use this form to make address or name changes to their TMRS account. After you have completed and signed this form, please fax it to 512-476-5576 or mail to P.O. Box 149153, Austin TX 78714-9153. If you fax the form, please retain the original for your records. If you have any questions regarding this form or any other matter, please call 800-924-8677.

PLEASE COMPLETE THIS SECTION

Please type or use only black ink and do not highlight. Any corrections must be initialed.

GENEANE RENEE MERRITT

Full Name (Last, First, MI)

112

CITY OF MISSOURI CITY

City or Equivalent (City/County)

Current or Last Employing City

TMRS Member/Retiree Number (if provided)

117/1175/117

Local Social Security Number

117/1175

Daytime Phone Number

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR MAILING ADDRESS

Workplace E-mail Address

GMERRITT@MISSOURICITYTX.GOV

Former Address

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR NAME

This section should only be completed if your name has changed and does not match the name currently on record with TMRS.

Last First Middle Initial, Suffix, Last

Former Name (Last, First, MI)

Reason for Change: marriage divorce court order

Note: If you are completing this section, a photocopy of one of the following documents is required with this form: Marriage Certificate, Divorce Decree (Name Change Section), or Court Order.

REQUIRED

Please sign and date this section:

I hereby affirm that the information on this form is true and correct and authorize the Tuxes Municipal Retirement System to update my TMRS account with this information.

Your Signature

02/08/2012

Date Signed (MM/DD/YYYY)



Address or Name Change Form

101/CLP
(retirement)



TMRS members and retirees (or other persons receiving a TMRS monthly benefit) may use this form to make address or name changes to their TMRS account. After you have completed and signed this form, please fax it to 512.476.5576 or mail to P.O. Box 149153, Austin TX 78714-9153. If you fax the form, please retain the original for your records. If you have any questions regarding this form or any other matter, please call 800.924.8677.

PLEASE COMPLETE THIS SECTION

Please type or use only black ink and do not highlight. Any corrections must be initialed.

GENEANE RENEE MERRITT

Full Name (first, middle, last)

TMRS Identification Number (not req. until 11/1/07)

117/1175/147

Social Security Number

107

CITY OF MISSOURI CITY

(832) 520-9459

Date of Birth (MM/DD/YYYY)

Current or Last Employing City

Daytime Phone Number

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR MAILING ADDRESS

117/1175

Daytime Phone Number

Evening Phone Number

GMERRITT@MISSOURICITYTX.GOV

E-mail Address

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR NAME

This section should only be completed if your name has changed and does not match the name currently on record with TMRS.

Old Full Name (first, middle, last)

New Full Name (first, middle, last)

Reason for Change: marriage divorce court order

Note: If you are completing this section, a photocopy of one of the following documents is required with this form: Marriage Certificate, Divorce Decree (Name Change Section), or Court Order.

REQUIRED

Please sign and date this section:

I hereby affirm that the information on this form is true and correct and authorize the Texas Municipal Retirement System to update my TMRS account with this information.

Your Signature

02/08/2012

Date Signed (MM/DD/YYYY)



HP LaserJet M2727nf MFP

Fax Confirmation Report

HP LASERJET FAX

Feb-8-2012 04:58

| Job | Date | Time | Type | Identification | Duration | Pages | Result |
|------|-----------|----------|------|----------------|----------|-------|--------|
| 1423 | 2/ 8/2012 | 04:57:10 | Send | 915124765576 | 0:51 | 1 | OK |

101/CLP
(retirement)



Address or Name Change Form

TMRS members and retirees (or other persons receiving a TMRS monthly benefit) may use this form to make address or name changes to their TMRS account. After you have completed and signed this form, please fax it to 512.476.5576 or mail to P.O. Box 149153, Austin TX 78714-9153. If you fax the form, please retain the original for your records. If you have any questions regarding this form or any other matter, please call 800.929.6677.

PLEASE COMPLETE THIS SECTION

Please type or type out; black ink and do not highlight; any corrections must be initialed.

GENEANE RENEE MERRITT

Last Name (aka surname, last)

1182

CITY OF MISSOURI CITY

First Name (aka given name, first)

City or town including zip

Date Received (aka date of receipt)

11/7/175/147

Social Security Number

117/1175

Daytime Phone Number

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR MAILING ADDRESS

GMERRITT@MISSOURICITYTX.GOV

E-mail Address

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR NAME

This section should only be completed if your name has changed and does not match the name currently on record with TMRS.

Last Name (aka surname, last)

First Name (aka given name, first)

Reason for Change: marriage divorce court order

Note: If you are completing this section, a photocopy of one of the following documents is required with this form: Marriage Certificate, Divorce Decree (Name Change Section), or Court Order.

REQUIRED

Please sign and date this section:

I hereby affirm that the information on this form is true and correct and authorize the Texas Municipal Retirement System to update my TMRS account with this information.

02/08/2012

Date Signed (MM/DD/YYYY)

HEI - 512.476.1913 - FAX - 512.476.9113 - DD150011 - 512.476.5576 - WFL247206 - 5010-00-001
Fax: (512) 476-1209



General Information

- The primary address for Geneane R Merritt and family has been changed.
- Click on the name in the launchpad above to view the employee's personal details.

Please make any updates to the member's personal information below.

Prefix: * First: GENEANE MI: R
 * Last: MERRITT Suffix:
 Gender: Female SSN: (10L) 117/1175/147
 * Date of Birth: 10L
 * Native Language: ENGLISH
 * Preferred Written Language: ENGLISH
 * Preferred Spoken Language: ENGLISH
 * Relation/Marital Status Effective Date: 09 / 27 / 2009
 Relation: EMPLOYEE Marital Status: 117/1175

* Required Fields

Primary Address Information

The primary address for the person you selected is:

BUS. PHONE: (261) 403-8715

Do you wish to change the above address?

Additional addresses are utilized when the primary address needs to be suspended for a period of time. Do you wish to add an additional address?

101/CLP
(insurance)

Employee Record - GENEANE MERRITT

Customer: CITY OF MISSOURI CITY, TEXAS (05755072)

Record Created: 12/21/2009

Last Updated: 02/09/2012

Employee Information

Employee ID: XXXX

117/1175/147

Social Security #: XXXX

117/1175/147

Last Name: MERRITT

First Name: GENEANE

MI:

Address 1:

Address 2:

City:

State/Province:

117/1175

ZIP:

Foreign National: No

Date of Birth:

Gender: Male

Employee Status: Active

Hire Date:

Division: 0001 - CITY OF MISSOURI CITY, TEXAS

Class: 0001 - ALL ACTIVE FULL-TIME EMPLOYEES (PPO)

Department:

Employee Effective Date: 10/01/2009

Employee Termination Date:

COBRA Effective Date:

COBRA Termination Date:

Is Employee a Late Entrant? No

Late Entrant: An employee applying for coverage more than 31 days past his/her eligibility date without a qualifying event.

Coverage(s)

Participating Family Members:

117/1175

Number of Children:

Employee

Benefits as of 02/09/2012

Division: 0001 - CITY OF MISSOURI CITY, TEXAS

Class: 0001 - ALL ACTIVE FULL-TIME EMPLOYEES (PPO)

| Coverage | Effective Date | Benefit Amount | Participating Family Members | Status |
|------------------|----------------|----------------|------------------------------|--------|
| VOLUNTARY DENTAL | 01/01/2011 | | Employee | |

Salary **Salary Frequency**

RS [552.117]


.101/CLP
(Insurance)

Future Benefits

Dependent(s)

Log out

Clients and Benefit Managers

 Provider locator



10/1/CLP
(insurance)

The value of vision care

Why choose Spectera?

Change Member Information

Producer compensation (PDF)

Please make changes in the following form to change information on file for member with Unique Identification: 210681185

Frequently asked questions

** Indicates required fields

Glossary of terms

First Name** GENEANE Initial Last Name** MERRITT Home Phone

Benefit description

Address** Sex F Student No Yes Handicapped No Yes

Claim history

Eligibility entry

City** State** ZIP** Location

Enrollment forms

Order status

Birth Date** 1/102 Marital Status** Tier** EMPLOYEE

Out-of-network reimbursement

Effective Date** 09 / 27 / 2009 Fund** 5995

Register new users

Update registration

Save & Exit Save & Add Dependents Quit without Saving

[Back]

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[Contact us](#)

[Media center](#)

[About your vision](#)

[Home](#)

[Legal and Privacy](#)

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DEPARTMENT OF HUMAN RESOURCE & ORGANIZATIONAL DEVELOPMENT

REQUEST TO CHANGE NAME/ADDRESS FORM

To Be Completed by Employee:

Merritt, Genevieve

Employee's Name (as it is in the system currently)

6/23/10

Today's Date

Employee's New Name (complete a new I-9 form)

7/17/10

New Address City, State, and Zip Code

New Phone Number

To Be Completed by Human Resources & Organizational Development:

| System | Effective Date | Website | Form |
|----------------------|----------------|---------|------|
| Payroll System | | | ✓ |
| Safeguard | ✓ | ✓ | |
| Ceridian | | n/a. | |
| Blue Cross Blue Shie | ✓ | ✓ | |
| Spectera | | | |
| TMRS | 6/23/10 | | ✓ |
| ICMA | n/a. | | |
| AIG | n/a. | | |
| FlexCorp | n/a. | | |

HR/OD Staff Signature

Date Entered

Prepared 10/11/10
12:00:02

Employee Status Change Proposal

CITY OF MISSOURI CITY

Dp/Dv/Act : 30 24 531 PUBLIC SAFETY -/CRIMINAL
Employee : 10032 MERRITT, GENEANE
Address :

| | -----Current----- | -----Proposed----- |
|--------------------------------|-------------------|--------------------|
| Position - Authorized . . . : | 174 | |
| Position - Actual : | 174 | |
| Dp/Dv/Act - Authorized . . . : | 3021531 | |
| Dp/Dv/Act - Actual : | 3024531 | |
| Grade/Step : | P6 1 | |
| Elm/Obj : | | |
| Hourly rate : | 38.1848 | |
| Annual rate : | 79,424.40 | |
| Pay frequency : | BW | |
| Schedule hours code : | RG | |
| Employee status : | FT | |
| Hourly/Salaried : | H | |
| Full time/part/temp : | F | |
| Exempt from overtime : | Y | |

Reason for status change . . . : DIRECT DEPOSIT
Effective date : 10/11/10

Comments : EE requested the inactivation of existing
chkng acct & activation of new CHASE chkg
acct effective 10/11/2010.

Authorized signatures :



 Department
 Human Resources



10/11/10
(Geneane)

[552.101/CLP]

HR Temp

From: HR Temp
Sent: Monday, October 11, 2010 12:12 PM
To: Geneane Merritt
Cc: Janet Hornischer
Subject: FW: Attached Image
Attachments: 1071_001.pdf

Capt Merritt,

We have received and process your request to inactivate your old _____ and reactivate the new _____. Can you please sign the attached Authorization form and return it to HR for filing?

Call me if you have any questions and/or concerns.

.101/CLP
(finance)

Toni McCullough-Moore
 Human Resources & Organizational Development Tech
 Direct: (281) 403-8684
 Fax: (281) 261-4233
 Confidential Fax: (281) 403-8971
hrtemp@missouricitytx.gov
www.missouricitytx.gov

From: Ursula P. Ford
Sent: Monday, October 11, 2010 12:01 PM
To: HR Temp
Subject: FW: Attached Image
Importance: High

From: Janet Hornischer
Sent: Monday, October 11, 2010 11:53 AM
To: Ursula P. Ford
Subject: FW: Attached Image

This is Capt.Merritt information.
 Please let me know when you received/get it
 Thanks
 Janet

From: MCPD [mailto:pdadmincolor@missouricitytx.gov]
Sent: Monday, October 11, 2010 11:51 AM
To: Janet Hornischer
Subject: Attached Image

10/11/2010



10/1/CLP
(Finance)

DEPARTMENT OF HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Company Name: City of Missouri City

I (we) hereby authorize The City of Missouri City, (hereinafter **City**), to deposit any amounts owed me by initializing credit entries to my account at the financial institution (hereinafter **Bank**) indicated below. Further, I authorize **Bank** to accept and to credit any entries indicated by **City** to my account. In the event the **City** deposits funds erroneously into my account, I authorize **City** to debit my account for any amount to exceed the original amount of the erroneous credit.

The authorization is to remain in full force and effect until received written notice from me of its termination at such time and in such manner as to afford **City** and **Bank** reasonable time to act on it. If you need to make any changes to your direct deposit (such as bank account, account number, etc.), you must contact the Department of Human Resources & Organizational Development.

Name of Financial Institution: _____

Account # _____ Routing # _____

Checking Savings

Amount or % of Deposit _____

Check Attached
Yes No

Name of Financial Institution: _____

Account # _____ Routing # _____

Checking Savings

Amount or % of Deposit _____

Check Attached
Yes No

Printed Name Genevieve Morris H.

Signature [Signature] Date 10/11/10

RS - Page 552.101/CLP

withhold all direct deposit set-up forms

Prepared 12/03/09
16:18:51

Employee Status Change Proposal

CITY OF MISSOURI CITY

Dp/Dv/Act : 30 24 531 PUBLIC SAFETY --/CRIMINAL
Employee : 10032 MERRITT. GENEANE
Address :

| | -----Current----- | -----Proposed----- |
|----------------------------------|-------------------|--------------------|
| Position - Authorized | 174 | |
| Position - Actual | 174 | |
| Dp/Dv/Act - Authorized | 3021531 | |
| Dp/Dv/Act - Actual | 3024531 | |
| Grade/Step | P6 1 | |
| Elm/Obj | | |
| Hourly rate | 38.1848 | |
| Annual rate | 79,424.40 | |
| Pay frequency | BW | |
| Schedule hours code | RG | |
| Employee status | FT | |
| Hourly/Salaried | H | |
| Full time/part/temp | F | |
| Exempt from overtime | Y | |

Reason for status change . . . : Other
Effective date : 12/03/09

Comments : EE authorized the deposit of 100% funds
into () Effective 12/03/09

*10/1/09
(finance)*

Authorized signatures . . . :

Department
Human Resources





101/CLP
(France)

DEPARTMENT OF HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Name of Financial Institution: _____
Account # _____ Routing # _____
Checking Savings
Amount or % of Deposit _____

Check Attached
Yes No

Name of Financial Institution: _____
Account # _____ Routing # _____
Checking Savings
Amount or % of Deposit _____

Check Attached
Yes No

Printed Name GENEANE Merritt
Signature [Handwritten Signature] Date 12 13 109.



101/CLP (Finance)

DEPARTMENT OF HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Name of Financial Institution: _____

Account # _____ Routing # _____

Checking Savings

Amount or % of Deposit _____

Check Attached
Yes No

Name of Financial Institution: _____

Account # _____ Routing # _____

Checking Savings

Amount or % of Deposit _____

Check Attached
Yes No

Printed Name GENEVAE MERRITT

Signature [Handwritten Signature]

Date 10 / 5 / 09



Direct Deposit Set-Up Form

Fax cover sheet

Date: 12/3/09

No. of pages, including this cover sheet:

To: MILLIE

Sent From: LILIANA MIRALLES GEORGE OLEAZ

Fax #: (281) 403-8971

Telephone: 281/265-9444

Message:

Please process |

for MS. GENEVIE HUGHES.

Thanks

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Confidentiality Notice: This transmission is intended for the use of the individual or entity to which it is addressed. This transmission may contain information that is confidential or privileged under law. If you are not the intended recipient, you have received this in error and you are hereby notified that retention, dissemination, distribution, copying, or use of the information contained in this transmission (including any reliance thereon) is strictly prohibited. If you received this transmission in error, please notify the sender immediately by telephone and destroy the original. Thank you.

10/26 WJC 6103

RETIREMENT

FAXED
6/11/10



Address or Name Change Form

TMRS members and retirees (or other persons receiving a TMRS monthly benefit) may use this form to make address or name changes to their TMRS account. After you have completed and signed this form, please fax it to 512.476.5576 or mail to P.O. Box 149153, Austin TX 78714-9153. If you fax the form, please retain the original for your records. If you have any questions regarding this form or any other matter, please call 800.924.8677.

PLEASE COMPLETE THIS SECTION

Please type or use only black ink and do not highlight. Any corrections must be initialed.

10/1/CLP

GENEVA RENEE MERRITT
Full Name (first, middle, last)

TMRS Identification Number (not required)

10/2 City of Missouri City
Date of Birth(MM/DD/YYYY) Current or Last Employing City

Social Security Number 117/1175/147

Daytime Phone Number 117/1175

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR MAILING ADDRESS

117/1175

genevamar@missouricitytx.gov
Email Address

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR NAME

This section should only be completed if your name has changed and does not match the name currently on record with TMRS.

Old Full Name (first, middle, last)

New Full Name (first, middle, last)

Reason for Change: marriage divorce court order

Note: If you are completing this section, a photocopy of one of the following documents is required with this form: Marriage Certificate, Divorce Decree (Name Change Section), or Court Order.

REQUIRED

Please sign and date this section:

I hereby affirm that the information on this form is true and correct and authorize the Texas Municipal Retirement System to update my TMRS account with this information.

[Signature]
Your Signature

6-10-10
Date Signed (MM/DD/YYYY)



*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 2104
RECIPIENT ADDRESS 915124765576
DESTINATION ID
ST. TIME 06/11 16:16
TIME USE 00'24
PAGES SENT 1
RESULT OK

10/1/CCP
(retirement)



Address or Name Change Form

TMRS members and retirees (or other persons receiving a TMRS monthly benefit) may use this form to make address or name changes to their TMRS account. After you have completed and signed this form, please fax it to 512.476.5576 or mail to P.O. Box 149153, Austin TX 78714-9153. If you fax the form, please retain the original for your records. If you have any questions regarding this form or any other matter, please call 800.924.8677.

PLEASE COMPLETE THIS SECTION

Please type or use only black ink and do not highlight. Any corrections must be initialed.

GENEVIVE RENEE MULLIT
Full Name (first, middle, last):
City of Missouri City
Date of Birth(MM/DD/YYYY) Current or Last Employing City

TMRS Identification Number (not required) _____
Social Security Number 3117/1175/14
Daytime Phone Number 3117/1175

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR MAILING ADDRESS

117/1175
missouri-city-mo.gov
E-mail Address

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR NAME

This section should only be completed if your name has changed and does not match the name currently on record with TMRS.

Old Full Name (first, middle, last) _____
New Full Name (first, middle, last) _____

Reason for Change: marriage divorce court order

RS (52.10147) 12/2/09

withhold all beneficiary designations as marked

New Member Form

101/CLR
(retirement)



MEMBER INFORMATION

Please type or use only black ink and do not highlight. Any corrections must be initialed.

TMRS Identification Number (not required)

GENEANE R. MERRITT
Member's Name (first, middle, last)

11/7/11/15/17

11/7/15

Sex: Male Female

15,400 09-27-09
Date of Birth (MM/DD/YYYY) Gross Monthly Salary Date of Participation TMRS City Number

Check one if applicable: Uniformed fire police OR Non-uniformed fire police

If you are a member of any of the following systems, please check the appropriate box(es):

- Texas Municipal Retirement System
- Texas County and District Retirement System
- Teacher Retirement System of Texas
- Employees Retirement System of Texas
- City of Austin Employees Retirement System
- Judicial Retirement System of Texas

BENEFICIARY DESIGNATION (LIMIT 3)

Please read instructions before completing. This beneficiary designation will not control in the event you are or become vested.

7/15

MEMBER SIGNATURE REQUIRED

I request that if I die before becoming vested, my account balance and any Supplemental Death Benefits that may be due be paid to the person(s) listed above. Should I, at some future time, decide to have my account balance paid to someone other than the person(s) listed above, I will make the change in writing on a form prescribed by TMRS. If a beneficiary named above predeceases me and I fail to name another beneficiary, or in the event my relationship with said beneficiary ceases, then this designation shall become inoperative as to that beneficiary. I understand that if I name more than one primary beneficiary, my account balance will be paid to the surviving primary beneficiaries in equal shares (unless I have otherwise directed on this form). By signing this form, I certify that I have read the attached instructions.

Geneane R. Merritt
Member's Signature

12-1-09
Date Signed (MM/DD/YYYY)

Please read the information provided on the reverse side of this document.



TRAINING- EDUCATION & PERFORMANCE

RICK PERRY
GOVERNOR



DAVID DEWHURST
LIEUTENANT GOVERNOR

Texas Commission
on
Law Enforcement Officer
Standards and Education

Hereby Awards The Certification

of

Basic Peace Officer

to

GENEANE R. MERRITT-HUGHES

as provided for in the laws of the State of Texas and the rules of the Commission

CHARLES HALL
PRESIDING OFFICER

May 5, 2010

TIMOTHY A. BRAATEN
EXECUTIVE DIRECTOR

TEXAS DEPARTMENT OF PUBLIC SAFETY

THIS CERTIFIES THAT

Geneane Merritt

has successfully completed the required course of study approved by the
Law Enforcement Training Academy for the State of Texas, and is therefore awarded this

CERTIFICATE OF TRAINING FOR **8** HOURS IN

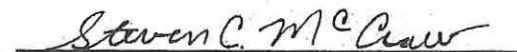
**NCIC/TCIC POLICY AND PROCEDURES TRAINING
LESS THAN FULL ACCESS OPERATOR**

ON THIS DAY OF **November 3, 2009**



Frank Woodall

Deputy Assistant Director, Education, Training & Research Bureau



Steven C. McCraw

Director, Texas Department of Public Safety



TEXAS COMMISSION ON LAW ENFORCEMENT
OFFICER STANDARDS AND EDUCATION

6330 E. HIGHWAY 290, SUITE 200
AUSTIN, Texas 78723-1035
(512) 936-7700

http://www.tcleose.state.tx.us



L-1 REPORT OF APPOINTMENT / LICENSE APPLICATION

Commission Rule(s) §217.1 & 217.7

Non-refundable fees required for contract jailer or medical facility officer. Money order or cashier's check.

APPLICANT INFORMATION

Form with fields: 1. TCLEOSE PID, 2. Last Name (MERRITT-HUGHES), 3. First name (GENEANE), 4. M. I. (R), 5. Suffix (Jr., etc.), 6. Social Security #, 6. Driver's License Number, 8. Date of Birth, 9. Race / Ethnicity, 10. Gender, 11. US Citizen, 12. Education, 13. Home Phone Number, 14. Home Mailing Address, 15. City, 16. State, 17. ZIP Code.

APPOINTMENT AND DEPARTMENT INFORMATION

(Applicant must sign page 2)

117/1175

[X] New applicant: The agency must have submitted to Crime Records Division, TX Dept. of Public Safety, one FBI TCLEOSE Applicant fingerprint card stamped "Police Applicant" and have placed the submitting agency ORI number in the employer address block.

[] Already licensed: The agency must conduct a criminal background check, have written consent to view the applicant's employment record(s), obtain a copy of any service or education reports retained by the Commission, and contact each of the applicant's previous employers.

Check one

- [] License holder with less than a 180-day break in service: Agency retains copy of L-1.
[] License holder with more than a 180-day break in service: Agency must retain copy of L-1, new L-2, L-3, current criminal history (TCIC and NCIC), fingerprint card returns submitted to DPS showing record checks through FBI and DPS per §217.7(e), weapons qualifications according to §217.21 within the last 12 months.

Form with fields: 18. Date of Appointment (9/27/2009), 19. Retired State Officer (Yes/No), 20. Dual Commission (Yes/No), 21. Check if appointed as Chief Administrator (Sheriff, Chief of Police, Constable, City Marshal), 22. All other appointments (Peace Officer, Reserve Officer, Jailer, Public Security Officer), \$100 fee required (Contract Jailer, Medical Facility Officer), 23. TCLEOSE Agency No. (201217), 24. Appointing Agency (MISSOURI CITY POLICE DEPT.), 25. Phone Number ((281) 403-8701).

I certify that I am the chief administrator of the above named agency, or the person designated by the chief administrator to sign this document. I further certify that this agency has on file and readily accessible to the Commission the appropriate documents to show that the above-named individual meets the minimum standards for licensing and/or appointment.

If applicant is required to line out any items on the affidavit, the L-1 must be mailed to the Commission.

Joel Fitzgerald Sr Chief of Police
Name and Title of Chief Administrator or Designee (Type or Print)

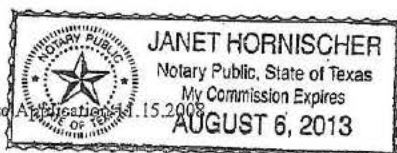
Signature of Chief Administrator or Designee

Sworn to and subscribed before me, this the 29th day of September, 2009

Notary public in and for, State of Texas

My Commission expires 08 / 06 / 2013

Notary Seal or Stamp



Janet Hornischer
Printed Name of Notary
Signature of Notary

Instructions for completion of L-1 Report of Appointment

Persons who wish to reinstate their law enforcement officer licenses following a Commission-ordered disciplinary action (suspension or probation) are required to complete the "Reinstatement Application." An individual may also be required to complete this application.

You may not be able to truthfully attest to all portions of the affidavit included on the L-1, due to disciplinary action taken by the Commission or previous criminal history. Therefore, you are instructed to line out and initial all portions of the L-1 application that you cannot truthfully complete.

You are further instructed to provide a written explanation on a separate sheet of paper explaining any instance where you have altered the L-1 application. Altered forms must be mailed to the Commission.

All applicants must sign this form, and it must be notarized.

STATEMENT OF NEW APPLICANT OR APPOINTEE

I, the undersigned, attest that I:

- (1) meet the minimum educational requirements;
 - (A) have passed a general educational development (GED) test indicating high school graduation level;
 - (B) am a high school graduate; or
 - (C) have 12 semester hours credit from an accredited college or university.
- (2) have been fingerprinted and subjected to a search of local, state and national records and fingerprint files to disclose any criminal record;
- (3) am not currently under indictment for any criminal offense;
- (4) have not ever have been on court-ordered community supervision or probation for any criminal offense above the grade of Class B misdemeanor or a Class B misdemeanor within the last ten years from the date of the court order;
- (5) have not ever been convicted of an offense above the grade of a Class B misdemeanor or a Class B misdemeanor within the last ten years;
- (6) have not ever been convicted of any family violence offense;
- (7) am not prohibited by state or federal law from operating a motor vehicle;
- (8) am not prohibited by state or federal law from possessing firearms or ammunition;
- (9) have been subjected to a background investigation and have been interviewed prior to appointment by representatives of the appointing authority;
- (10) have been examined by a physician, who is licensed by the Texas State Board of Medical Examiners, selected by the appointing or employing agency. The physician must be familiar with the duties appropriate to the type of license sought and appointment to be made. The appointee must be declared in writing by that professional within 180 days before the date of appointment by the agency to be:
 - (A) physically sound and free from any defect that may adversely affect the performance of duty appropriate to the type of license sought; and
 - (B) show no trace of drug dependency or illegal drug use after a physical examination, blood test, or other medical test;
- (11) have been examined by a psychologist, who is licensed by the Texas State Board of Examiners of Psychologists, selected by the appointing or employing agency. The psychologist must be familiar with the duties appropriate to the type of license sought and appointment to be made. This examination may also be conducted by a psychiatrist. The appointee must be declared in writing by that professional to be in satisfactory psychological and emotional health to serve as the type of officer for which the license is sought within 180 days before the date of appointment by the agency. The examination must be conducted pursuant to professionally recognized standards and methods:
 - (A) the commission may allow for exceptional circumstances where a licensed physician performs the evaluation of psychological and emotional health. This requires the appointing agency to request in writing and receive approval from the commission, prior to the evaluation being completed; and
 - (B) the examination may be conducted by a qualified psychologist exempt from licensure by the Psychologist Certification and Licensing Act, Section 22, who is recognized under exceptional circumstances;
- (12) have not received a discharge from any military service, if prior military service, under less than honorable conditions including, specifically;
 - (A) under other than honorable conditions;
 - (B) bad conduct;
 - (C) dishonorable; or
 - (D) any other characterization of service indicating bad character
- (13) have not had a commission license denied by final order or revoked;
- (14) am not currently on suspension, and do not have a voluntary surrender of license currently in effect;
- (15) have not had and am not in the process of having a license or certificate from a POST surrendered, suspended, or revoked;
- (16) meets the minimum training standards and have passed the commission licensing examination for each license sought;
- (17) am a U.S. citizen; and
- (18) have successfully demonstrated or provided documentation of current firearms proficiency to the appointing agency.

If any of the above items have been lined out, this form must be mailed to the Commission.

I am fully aware that this application is a government document and, under penalties of perjury, I declare the foregoing information to be true and correct.

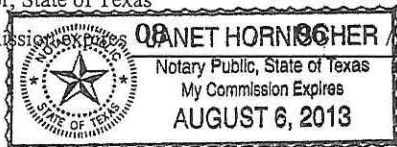

Signature of Applicant or License Holder

09 29 09
Date

Sworn to and subscribed before me, this the 29th day of September, 2009

Notary public in and for, State of Texas

My Commission Expires



2013

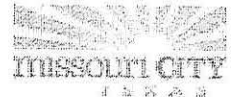
Janet Hornischer

Printed Name of Notary

Notary Seal or Stamp


Signature of Notary

City of Missouri City

PERFORMANCE APPRAISAL**Employee:** MERRITT, GENEANE R**Position:** POLICE CAPTAIN**Appraiser:** WORRELL, PAT M**Current Review Period:** 4/1/2009 - 3/31/2010**Performance Competencies**

| Competency | Employee | Appraiser | Weight |
|---|----------|-----------|--------|
| Ethics | 0 | 3 | 20% |
| Appraiser Comments: Geneane consistently abides by the organization's code of ethics and maintains confidentiality. She demonstrates honesty in all internal and external business dealings. She uses department resources appropriately and applies expense account funds to legitimate business activities. Geneane always follows through on commitments and preserves the department's reputation with continued ethical behavior. She submits true and accurate time records. | | | |
| Job Knowledge | 0 | 2 | 20% |
| Appraiser Comments: Geneane demonstrates an understanding of job requirements. Even though Geneane is new to Texas and to the department she had adapted quickly to her new environment. She stays apprised of changing policies and procedures. Her performance of essential job duties and functions is excellent. She shares the knowledge and skills that she obtained during her career with the Philadelphia Police Department with her new co-workers. She connects her job knowledge and performance to other operations within the organization. Geneane understands how her job fits into organizational success. She takes pride in understanding all facets of the job and continually seeks to deepen her understanding. | | | |
| Management Effectiveness | 0 | 2 | 20% |
| Appraiser Comments: Geneane meets or exceeds organizational goals and objectives. Even though she has been here less than a year she still completed the goals commonly given to the cid commander. She prioritizes operations to achieve favorable results. She manages her available resources prudently and meets budget requirements. She promotes a productive environment. Geneane solves problems promptly and makes timely decisions. For several years we have discussed having our detectives do an on the job training period with HPD Homicide but have never actually accomplished the task. Geneane has tackled the project and now has everyone of our detectives scheduled to work a week with HPD Homicide in the next few months. | | | |
| Budget Development and Control | 0 | 2 | 10% |
| Appraiser Comments: Geneane has done a commendable job with budgeting considering that she has never been responsible for a budget the size of the cid budget. She has accurately projected the budget needs for cid for the 2011 budget that will take affect in July 2010. She successfully completed the cid budget for 2011 and has submitted to the chief. During her tenure here she has monitored spending for cid and has been prudent. She has operated within budgetary guidelines and followed the appropriate process when exceeding budgeted line items by making the necessary line item adjustments. Her budget and related accounting documents are in complete compliance with established practices and regulations. Her budget information is complete, accurate, and well communicated to management. Her budget decisions are based on an accurate understanding of the organization's financial position. | | | |
| Communication | 0 | 2 | 10% |
| Appraiser Comments: Geneane listens to others and handles delicate and sensitive interactions with appropriate tone and word. She ensures that critical information is disbursed to her detectives and sergeants. She also provides her employees with appropriate information to perform their job duties. She consistently is able to communicate constructive feedback to her employees. When Geneane first came to work here she frequently spoke so softly that she could not be heard. As she has become more comfortable with her new environment that has not been such a problem. As she has settled in her verbal communication skills have improved dramatically. | | | |
| Public Relations | 0 | 2 | 10% |
| Appraiser Comments: Geneane is tactful and projects a positive and professional image of the police department. She is consistently courteous with public contacts and treats them fairly. She is friendly when dealing with the public. When dealing with a victim she shows the proper amount of empathy and concern. | | | |

Firearms Proficiency 0 2 5%

Appraiser Comments:
Geneane's average range score is 206 which meeting expectations of above 80%.

Presentation Skills 0 2 5%

Appraiser Comments:
I have only seen Geneane speak publically a couple of times, both times at our monthly criminal intelligence meeting. She was well prepared and her appearance was professional. She was well-versed in the subject matter and spoke clearly and with adequate volume. She used appropriate language.

Goal Performance

| Goal | Employee | Appraiser | Weight |
|------|----------|-----------|--------|
|------|----------|-----------|--------|

| | | | |
|-----------------------------------|---|---|-----|
| Annual Property Room Audit | 0 | 2 | 25% |
|-----------------------------------|---|---|-----|

Appraiser Comments:
The annual property room audit was completed and a report submitted. Goal met.

| | | | |
|------------------------|---|---|-----|
| Division Budget | 0 | 2 | 25% |
|------------------------|---|---|-----|

Appraiser Comments:
The cid budget for 2011 was completed by Capt. Merritt and submitted to the chief. Goal met.

| | | | |
|-----------------------------|---|---|-----|
| Division evaluations | 0 | 2 | 25% |
|-----------------------------|---|---|-----|

Appraiser Comments:
The annual performance evaluations for the criminal investigation division are on going at this time. All of the evaluation will be submitted within the next 2 weeks and the goal will have been met.

| | | | |
|---|---|---|-----|
| TCLEOSE training for cid personnel | 0 | 3 | 25% |
|---|---|---|-----|

Appraiser Comments:
All of the officers assigned to the criminal investigation division have met the TCLEOSE mandated training. In addition to mandated training Capt. Merritt has assigned additional training for the division in specialized areas. She has also arranged to have all of her detectives do a week of on the job training with the houston police department homicide division. This is a project that has been discussed for years but has not been accomplished.

Future Goals

| | | | |
|--------------------------------------|---|-----------------------|-----|
| Annual Employee Evaluations | Ensure that the annual evaluations for CID personnel are prepared and submitted in a timely manner. | Due: 3/31/2011 | 25% |
| Annual Property Room Audit | Ensure that the annual property room audit is completed and submitted to the Chief's office. | Due: 3/31/2011 | 25% |
| Prepare Annual Budget for CID | Prepare the CID annual budget for 2012 and submit it to the Chief. | Due: 3/31/2011 | 25% |
| TCLEOSE Mandated Training | Ensure that all personnel assigned to the criminal investigation division meet their mandated TCLEOSE training. | Due: 3/31/2011 | 25% |

Comments

Summary Comments

Appraiser:

.....
.....

Employee:

.....
.....

Final Score Calculation

| | Totals | Weight | Score | Performance Rating |
|--------------------------|--------|--------|-------|----------------------------|
| Performance Competencies | 2.20 | 50% | 1.1 | 2.23 Meets Expectations |
| Goal Performance | 2.25 | 50% | 1.12 | |

Appraisal generated: 3/22/2010 9:12:23 AM

By signing below, the Employee and Appraiser(s) acknowledge that this Performance Appraisal has been discussed. They each understand that this appraisal is not a contract, but an evaluation of performance and therefore does not affect the employee relationship. If the Employee disagrees with the contents of this appraisal, he/she may check the following box and attach an explanation of that disagreement.

I disagree with this appraisal and have attached an explanation of that disagreement.

Employee Signature: *Geneane R Merritt*
GENEANE R MERRITT

Date: 3-22-10

Appraiser Signature: *Pat M Worrell*
PAT M WORRELL

Date: 3-22-10

Approved by: *Joel Fitzgerald*
Joel Fitzgerald

Date: 3-22-10

10/1/CLP
(clipped)

INSURANCE & BENEFITS

[552.101/CLP]

During Annual Enrollment, the following employee elected the benefits listed below, and agreed to the corresponding rates for the 2013 calendar year.

MEDBEN CENEANE

11/11/15

Med/Dent/Vision Elections:

2013 Elections:

Coverage:

PPO - PDP

Coverage Level:

EE/CH

Monthly Premium:

\$191.00

Optional Benefits:

H.S.A. CONTRIBUTION/PP:

FLEX CORP(HCRA):

FLEX CORP (DCRA):

SUPPLEMENTAL LIFE COVERAGE:

SUPPLEMENTAL LIFE

PREMIUM/MO:

DEPENDANT LIFE (Y/N):

PREMIUM/MO:

TRUSTMARK:

ICMA: \$/ %

ICMA ROTH IRA: \$/ %

NATIONWIDE:\$/ %

VALIC: \$/ %

LEGAL SHIELD - PACK WITH DEP:

LEGAL SHIELD - BASIC PLAN:

LEGAL SHIELD - FAMILY/IDT

AFLAC - ACCIDENT:

AFLAC - CANCER:

AFLAC - DENTAL:

AFLAC - DISABILITY RIDER:

AFLAC - HOSPITAL INDEMNITY:

AFLAC - INTENSIVE CARE:

AFLAC - LIFE:

AFLAC - STD

AFLAC - SPECIFIED HEALTH:

UNITED WAY CONTRIBUTION:

Comment(s): Same As 2012

Handwritten initials in a red circle.

RS [552.101/CLP]-withhold benefit choices as marked



MERRI GENEANE

throughout documents

2013 ANNUAL ENROLLMENT FORM

Is your mailing address correct? (check one)
 YES NO (If NO, complete & attach a TMRS Address Change Form)
 Drive a City vehicle? YES NO *not*
 If, YES, current & valid copy of your driver's license is attached

By signing below, you certify that the changes, elections or affirmations represent your choices for benefits during the 2013 calendar year. Furthermore, you certify that you have completed the required forms and presented copies of all required documents. You further understand that the Human Resources Department is unable to make any changes to your benefit elections without your expressed written consent.

SIGNATURE:

[Handwritten Signature]

DATE: 11-8-12

MY 2012 BENEFITS ELECTIONS

PPO - PPO: E/CH

Optional Benefits

| | | | |
|---|---------------------------------------|---------------------|--|
| Medical, Dental & Vision Premium: \$95.50 | Basic Life: \$50,000 (no cost to you) | <u>VALIC</u> : | <u>AFLAC</u> |
| Health Saving Account Contribution: <i>---</i> | Supplemental Life Coverage: | <u>Nationwide</u> : | Accident |
| Flex Spending Account (Healthcare) <i>---</i> | Supplemental Life Premium: <i>---</i> | <u>ICMA</u> : | Cancer |
| Flex Spending Account (Dependant Care) <i>---</i> | Dependant Life Premium: <i>---</i> | | Dental |
| | Trustmark Universal Life | | Intensive Care |
| | | | Indemnity |
| | | | Spec Health: |
| | | | <u>Legal Shield</u> : Basic: \$ <i>---</i> |
| | | | ID Theft <i>---</i> |
| | | | <u>United Way</u> |

2013 BENEFITS ELECTIONS

| MEDICAL: BLUE CROSS BLUE SHIELD | DENTAL: METLIFE | VISION: UNITED HEALTHCARE | HEALTH SAVINGS ACCOUNT (HSA) Employee Only Max Cont \$ 3,250 Employee Family Max Cont \$ 6,450 |
|---|--------------------|------------------------------|---|
| For 2013, my health (medical, dental & vision) coverage will be: <input checked="" type="checkbox"/> Same As 2012 <input type="checkbox"/> Cancel Health Coverage for 2013* <input type="checkbox"/> New Enrollment* <input type="checkbox"/> Change Coverage* <input type="checkbox"/> Change Dependent Coverage* <input type="checkbox"/> Change medical coverage from HSA to PPO* <input type="checkbox"/> Change medical coverage from PPO to HSA* <input type="checkbox"/> Change dental coverage from PDP to DHMO* <input type="checkbox"/> Change dental coverage from DHMO to PDP* _____ (Please initial) | | | <input checked="" type="checkbox"/> I elect HSA coverage for 2013 Employee Only <input type="checkbox"/> Employee + Family Your HSA Contribution For 2013* (Check one): OPTION 1 OPTION 4 OPTION 2 OPTION 5 OPTION 3 OPTION 6 *HSA Contribution Form Required _____ (Please initial) |

| FLEXIBLE SPENDING ACCOUNT | OPTIONAL BENEFITS | | LIFE / AD& D |
|--|--|---|--|
| Decline FSA for 2013* Elect FSA for 2013* Medical Expenses \$ _____ (Maximum per pay period \$104.16) Dependant Care (Maximum per pay period \$208.33) _____ (Please initial) | Same checked Optional Benefits as 2012: AFLAC LEGAL SHIELD UNITED WAY CMA NATIONWIDE VALIC _____ (Please initial) | I wish to change or enroll for the checked Optional Benefits*: AFLAC LEGAL SHIELD UNITED WAY CMA NATIONWIDE VALIC _____ (Please initial) | 2013 Hartford Life Insurance (Same As 2012) New/Additions/Cancellations Supplemental Life* Supplemental Dependent Life* Change Beneficiary* 2013 Trustmark Universal Life (Same As 2012) New / New Enrollment for 2013* Cancel Coverage for 2013* _____ (Please initial) |

(*)Completed Vendor Form & Signature Required



Address or Name Change Form

TMRS members and retirees (or other persons receiving a TMRS monthly benefit) may use this form to make address or name changes to their TMRS account. After you have completed and signed this form, please fax it to 512.476.5576 or mail to P.O. Box 149153, Austin TX 78714-9153. If you fax the form, please retain the original for your records. If you have any questions regarding this form or any other matter, please call 800.924.8677.

PLEASE COMPLETE THIS SECTION

Please type or use only black ink and do not highlight. Any corrections must be initialed.

GENEANE R. MERRITT
Full Name (first, middle, last)

TMRS Identification Number (not required)

Social Security Number

Date of Birth (MM/DD/YYYY)

City of Missouri City
Current or Last Employing City

Daytime Phone Number

11/17/12
11/17/12

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR MAILING ADDRESS

Daytime Phone Number

Evening Phone Number

E-mail Address

gmerritt@missouricitytx.gov

11/17/12

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR NAME

This section should only be completed if your name has changed and does not match the name currently on record with TMRS.

Old Full Name (first, middle, last)

New Full Name (first, middle, last)

Reason for Change: marriage divorce court order

Note: If you are completing this section, a photocopy of one of the following documents is required with this form: Marriage Certificate, Divorce Decree (Name Change Section), or Court Order.

REQUIRED

Please sign and date this section:

I hereby affirm that the information on this form is true and correct and authorize the Texas Municipal Retirement System to update my TMRS account with this information.

[Signature]
Your Signature

11-3-12
Date Signed (MM/DD/YYYY)

[Signature]
11/17/12



Confirmation Report - Memory Send

Time : Nov-14-2012 05:04pm
 Tel line : 281-208-5551
 Name : CITY OF MISSOURI CITY

Job number : 900
 Date : Nov-14 04:59pm
 To : 915124765576
 Document pages : 001
 Start time : Nov-14 05:00pm
 End time : Nov-14 05:01pm
 Pages sent : 001
 Status : OK

Job number : 900

*** SEND SUCCESSFUL ***



Address or Name Change Form

TMRS members and retirees (or other persons receiving a TMRS monthly benefit) may use this form to make address or name changes to their TMRS account. After you have completed and signed this form, please fax it to 512.476.5576 or mail to P.O. Box 149153, Austin TX 78714-9153. If you fax the form, please retain the original for your records. If you have any questions regarding this form or any other matter, please call 800.924.8677.

PLEASE COMPLETE THIS SECTION

Please type or use only black ink and do not highlight. Any corrections must be initialed.

Full Name (first, middle, last) GENEANE R. MALETTE
 Date of Birth (MM/DD/YYYY) _____
 Current or Last Employing City City of Missouri City

11/7/12
 11/7/12

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR MAILING ADDRESS

Evening phone number _____
 E-mail Address amore@tdwmiscwvich.tx.gov

11/7/12

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR NAME

This section should only be completed if your name has changed and does not match the name currently on record with TMRS.

Old Full Name (first, middle, last) _____
 New Full Name (first, middle, last) _____
 Reason for Change: marriage divorce court order

Note: If you are completing this section, a photocopy of one of the following documents is required with this form: Marriage Certificate, Divorce Decree (Name Change Section), or Court Order.

REQUIRED

Please sign and date this section:

I hereby affirm that the information on this form is true and correct and authorize the Texas Municipal Retirement System to update my TMRS account with this information.

Your Signature _____ Date Signed (MM/DD/YYYY) 11-3-12



Remove from all
insurance portals

effective date 9/30/2015

- send COBRA notification

- make sure it doesn't effect ^{monthly} premium

RS SS2.117 - Page

RS [557.117]



Contact Us | Help Center

Logout

Home > Employee Maintenance > View/Update Employee

Welcome, Ana Flores (Acct #010341)

Employer Home

View/Update Employee - View Personal Details

Account Summary

Enrollment

Employee Maintenance

View/Update Employee

Maintenance History

ID Card History

Billing

Reports

Pay Your Bill

View, print and pay your bill
View Bill Summary

Form Finder

Advanced Search
View All Forms

Find a Doctor

Provider Finder
Find a Pharmacy
View Drug Coverage

11/7/15

I want to: View Personal Details

Personal Details

11/7/15

Coverage Details

Plan: PPO - PPO
Group/Section: 010341 - 0001

Benefit Booklet

| Name | Relationship | Effective Date | Cancel Date |
|------|--------------|----------------|-------------|
| | | 01/01/2013 | 10/01/2015 |

Other Coverage

Medicare:
No one is eligible for Medicare coverage.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association.
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Important Information

NEW EMPLOYEE

VIEW/CHANGE EMPLOYEE

VIEW/CHANGE MULTIPLE EMPLO

ENROLLMEN

[Enrollment Home](#) > [View/Change Employee](#) > [View/Change Employ](#)

Printer-Friendly

View Employee Record

CITY OF MISSOURI CITY INSURANCE BENEFIT TRUST FUND (05

Action Successful.

Record of MERRITT, GENEANE has been updated. 40) Please update Participating Family Member selection to match coverage

Employee Record for GENEANE MERRITT Created: 12/21/2009 Last Updated: 08/31/

[View/change another e](#)

Employee Information

Employee ID:

117/1125/147

Social Security #:

117/1125/147

Last Name: MERRITT

First Name: GENEANE

Address 1:

Address 2:

City:

State/Province: TX

ZIP:

Foreign National: No

Date of Birth:

117/1125 '02

Gender: Male

Employee Status: Active

Hire Date:

Division: 0001 - CITY OF MISSOURI CITYINSURANCE BENEFIT TRUST FUND

Class: 0001 - ALL ACTIVE TIME EMPLOYEES (I

Department:

Employee Effective Date: 10/01/2009

Employee Termination Date:

COBRA Effective Date:

COBRA Termination Date:

Is Employee a Late Entrant? No

Late Entrant: An employee applying for coverage more than 31 days past his/her eligibility date without a qualifying

[change employee info](#)

Coverage(s)

[View coverag](#)

Participating Family Members:

Number of Children:

Employee

Benefits as of 08/31/2015

Division: 0001 - CITY OF MISSOURI CITYINSURANCE
BENEFIT TRUST FUND **Class:** 0001 - ALL ACTIVE FULL-TIME EMPL
(PPO)

| Coverage | Effective Date | Benefit Amount | Participating Family Members | S |
|------------------|-----------------------|-----------------------|-------------------------------------|----------|
| VOLUNTARY DENTAL | 01/01/2011 | | Employee | |

| Salary | Salary Frequency |
|---------------|-------------------------|
| | |

Future Benefits

[add/change coverage information](#) [stop](#)

Dependent(s)

117/1175

VOLUNTARY DENTAL

01/01/2011

[add a dependent](#)

[change dependent info](#)



Legal

© 2002 - 2012 Metropolitan Life Insurance Co

Enrollee Detail Report

Print Date 08/31/2015

Group Information

Last Update Date 08/31/2015

Group Number 0754236

Group Name CITY OF MISSOURI CITY BENEFITS TRUST

11/7/15

Employee Information - GENEANE MERRITT

Social Security #

7/17/1975/147

Date of Hire

09/27/2009

Employee ID

11/7/15/147

Retirement Date

Alternate ID 919882697

Date of Death

Alternate Authorized Individual NO

Coverage Information

| Policy | Product | Effective Date | Termination Date | Plan Var | Report Code |
|--------|---------|----------------|------------------|----------|-------------|
| 136 | VISION | 04/01/2013 | 09/30/2015 | 0001 | 0001 |

Other Insurance Information

Medicare NO

Start Date

Stop Date

Medicare A

Medicare B

Medicare D

Medicare Eligibility

Medicare Crossover

HIC Number



MERRITT, GENEANE ID# 790
4363 PALMER PLANTATION DR
MISSOURI CITY, TX 77459

**2012
Annual
Enrollment
FORM**

Is your mailing address correct? (check one)
 YES NO If, NO, please complete TMRS Address Change Form

Drive a City vehicle? YES NO
 If, YES HR/OD must have a current & valid copy of your driver's license

EMPLOYEE SIGNATURE

DATE:

Geneane Merritt 12-11-11

MY 2011 BENEFITS ELECTIONS

| PPO (M) - Dntl PPO - E/CH | | | | Optional Benefits | | | | |
|---|---|------------------------------------|---|-----------------------|-----------------------------|-----------------------|--------------------------------|----------------------------|
| Medical, Dental & Vision Per Pay Period | HSA Employee Contribution: Per Pay Period | Basic Life Ins. \$50,000 | Supplemental Life Monthly Premium: \$.00 | FSA/PP Medical \$.00 | 457 Plan(s): Per Pay Period | AFLAC: Per Pay Period | Pre-Paid Legal: Per Pay Period | United Way: Per Pay Period |
| \$ 95.50 | \$.00 | Supplemental Life Insurance \$.00 | Dependent Life Monthly Premium \$.00 | FSA Dependent \$.00 | \$.00 | \$.00 | \$.00 | \$.00 |

MY 2012 BENEFITS ELECTIONS

| MEDICAL: BLUE CROSS BLUE SHIELD | DENTAL: METLIFE | VISION: UNITED HEALTHCARE | HEALTH SAVINGS ACCOUNT (HSA) Employee Only Max Cont \$ 3,100 Employee Family Max Cont \$ 6,250 |
|---|--|------------------------------|---|
| <input checked="" type="checkbox"/> For 2012, keep my medical, dental and vision insurance. <i>same as 2011.</i> <input type="checkbox"/> Change my medical, dental and vision insurance coverage for 2012* <input type="checkbox"/> Cancel my current medical, dental and vision insurance * <input type="checkbox"/> I decline medical, dental and vision insurance coverage for 2012 <input type="checkbox"/> New Enrollment* <input type="checkbox"/> Change Dependent coverage* <input type="checkbox"/> Change coverage from HSA to PPO* <input type="checkbox"/> Change coverage from PPO to HSA* *Complete application/enrollment form | | | <input type="checkbox"/> I elect HSA coverage for 2012 <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee Family Your HSA Contribution For 2012* (Check one): <input type="checkbox"/> OPTION 1 <input type="checkbox"/> OPTION 4 <input type="checkbox"/> OPTION 2 <input type="checkbox"/> OPTION 5 <input type="checkbox"/> OPTION 3 <input type="checkbox"/> OPTION 6 *HSA Contribution Form Required |
| FLEXIBLE SPENDING ACCOUNT | OPTIONAL BENEFITS | | LIFE / AD& D |
| <input type="checkbox"/> I elect FSA for 2012 (NEW) * <input type="checkbox"/> I elect FSA for 2012, same as 2011* *Complete enrollment form* <input checked="" type="checkbox"/> I decline the FSA benefit for 2012+ +Complete enroll/decline form + <input type="checkbox"/> Medical Expenses \$ _____ (Maximum per pay period \$208.33) <input type="checkbox"/> Dependant Care \$ _____ (Maximum per pay period \$208.33) | <input type="checkbox"/> 2012 Optional Benefits (Same as 2011) <input type="checkbox"/> Change / New Enrollment* <input type="checkbox"/> Cancel Optional Benefit for 2012* <input type="checkbox"/> No Optional Benefits for 2012 Check all that apply * <input type="checkbox"/> AFLAC <input type="checkbox"/> PRE-PAID LEGAL <input type="checkbox"/> UNITED WAY <input type="checkbox"/> ICMA <input type="checkbox"/> NATIONWIDE <input type="checkbox"/> VALIC <input type="checkbox"/> TRUSTMARK UNIVERSAL LIFE \$.00 *Complete corresponding forms | | <input type="checkbox"/> Supplemental Life (EMPLOYEE ONLY) (*) <input type="checkbox"/> Supplemental Life (with Dependent) (*) <input type="checkbox"/> Decline Coverage for 2012 <input type="checkbox"/> Cancel Coverage for 2012 (Attach Application) (*) 2012 Supplemental Application (Complete only if Employee has elected supplemental coverage) CHANGE BENEFICIARY |

RECEIVED

DEC 12 2011

BY: *WTH*

[552101/CLP]

Withhold marked information throughout documents

CITY OF MISSOURI CITY

FLEXIBLE EMPLOYEE BENEFITS ENROLLMENT FORM

11/7/12/5/147

PLAN YEAR
01/01/12 Through 12/31/12

Genevieve Merritt

Employee Name

Social Security Number

Male Female

Married Single

No. of Dependent Children

Birth Date

Date of Hire

Effective Date

Salary

E-mail Address

Address

City

State

Zip

New Enrollment

Change (please mark one of the following)

Marriage

Divorce

Birth/Adoption of child

Death of spouse/child

Change of spouse's employment

Other:

CAFETERIA PLAN - BI-WEEKLY COSTS (24 Pay Periods)

MEDICAL INSURANCE (check the coverage selected)

HDHP/HSA (with Dental HMO) (010)

HDHP/HSA (with Dental PPO) (011)

Employee Only

\$0.00

\$ 8.00

Employee+Spouse

\$ 74.50

\$90.50

Employee+Child(ren)

\$49.50

\$ 73.50

Employee with Family

\$125.00

\$153.50

MEDICAL INSURANCE (check the coverage selected)

PPO (with Dental HMO) (012)

PPO (with Dental PPO) (013)

Employee Only

\$16.00

\$23.50

Employee+Spouse

\$104.00

\$119.50

Employee+Child(ren)

\$ 71.50

\$ 95.50

Employee with Family

\$164.00

\$192.00

FLEXIBLE SPENDING ACCOUNTS

HEALTH CARE REIMBURSEMENT ACCOUNT (HCRA) (70)

You may set aside tax-free dollars to pay for qualified Medical, Dental, and Vision.
The maximum contribution per pay period: \$208.33.

Please indicate your pay period amount:

cline to participate in the HCRA

DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA) (80)

You may set aside tax-free dollars to pay for qualified child-care expenses.
The maximum contribution per pay period: \$208.33.

Please indicate your pay period amount:

to participate in the DCRA

Authorization:

By participating in City of Missouri City Flexible Employee Benefit Plan ("Plan"), I agree to be bound by all the terms, conditions and limitations of the Plan and any and all separate plans, contracts and documents made a part thereof. I agree to have my gross salary reduced by the amount of the cost of benefits selected and understand that this amount will not be subject to Social Security or federal income tax withholding, which may result in a reduction of future Social Security benefits to which I may be entitled. I understand that my unused balance of the reimbursement accounts, if any, at the earlier of the end of the Plan Year or my date of termination may be forfeited by me back to my employer.

Signature

Date



H 010539

| | | |
|---------|-----------|--------|
| Group # | Section # | Dept # |
| | | |
| Group # | Section # | Dept # |
| | | |

RS [552.1011CLP; 552.117] withheld enrollment forms as marked here

SECTION 1 — ENROLLMENT EVENTS PLEASE CHECK ALL THAT APPLY — IF YOU ARE DECLINING COVERAGE, COMPLETE SECTIONS 2 AND 10 ONLY

New Enrollee Add Dependent

Are you applying as a result of a Special Enrollment Event? Yes No If yes, select Event: Marriage Birth, Adoption, Suit for Adoption Court Order (see instructions) Loss of Other Coverage (provide Certification of Coverage) Other (Explain): _____

Indicate Event Date: 9/27/2009

Add Coverage: Health Dental Term Life Dependent Life Short Term Disability (STD) Long Term Disability (LTD)

Change Primary Care Physician (PCP) Reason: _____

Change Primary Care Dentist (PCD) Reason: _____

Change Address/Name

Cancel Enrollee Cancel Dependent

List names of those canceling in Section 4 below

Event: Divorce Death Terminated Employment Other

Indicate Event Date: ___/___/___

Cancel Coverage: Health Dental Term Life Dependent Life STD LTD

SECTION 2 — PLEASE TELL US ABOUT YOURSELF COMPLETE EVEN IF DECLINING COVERAGE

Last Name: Merritt First Name: Genevieve MI (opt): R. Suffix: [] Date of Birth: 11/17/1977 Social Security Number: 117-147-1177

Mailing Address - Street - Apt: City: State: Zip:

E: Phone: 281-403-8715

Name of Employer: City of Missouri City Date of Employment: 9/27/09 Do you usually work at least 30 hours a week for this employer? Yes No

Eligibility Status: Active Employee Retired Employee - Date of Retirement: _____ COBRA Continuation

Continuation of Group Coverage (insured plans only) Dependent Continuation of Group Coverage (insured plans, only)

SECTION 3 — SELECT YOUR COVERAGE PLEASE CHECK ALL THAT APPLY

Health (select one): PPO HMO BlueEdge HCA BlueEdge HSA HMO Consumer Choice Plan (small group only) PPO Consumer Choice Plan (small group, only) Other: _____ Plan #, if known: _____

Enrollees (select one): Employee Only Employee/Spouse Employee/Child(ren) Family I am not applying for health coverage

Dental: Yes No Plan #, if known: _____

Enrollees (select one): Employee Only Employee/Spouse Employee/Child(ren) Family I am not applying for dental coverage

Complete only if you are applying for HMO coverage: Primary Language: _____ Check here to request a Spanish Member Handbook

Do you have a disability affecting your ability to communicate or read? Yes No

If "Yes", describe special communication materials needed: _____

SECTION 4 — COVERAGE OPTIONS SELECT A PCP FOR HMO OR POS ONLY. SELECT A PCD FOR HMO BLUE TEXAS DENTAL OPTION ONLY.

| Employee/Enrollee's Name | PCP Name | PCP No. | New Patient? | PCD Name | PCD No. | New Patient? |
|--------------------------|----------|---------|---|----------|---------|---|
| <u>Genevieve Merritt</u> | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | <input type="checkbox"/> Y <input type="checkbox"/> N |

SECTION 5 — GROUP TERM LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D), AND DISABILITY INSURANCE COVERAGES

Employee Occupation/Job title: _____ Wage rate \$ _____ per hour week month year

Group Basic Term Life & AD&D I do not apply I do apply Amount \$ _____

Group Dependents' Life I do not apply I do apply

Group Supplemental Life I do not apply I do apply

Employee election: \$ _____ Spouse election: \$ _____ Child election: \$ _____

Short Term Disability (STD) I do not apply I do apply

Long Term Disability (LTD) I do not apply I do apply

| Primary Beneficiary | First Name | Initial | Last Name | Relationship | Date of Birth | Social Security No. |
|------------------------|------------|---------|-----------|--------------|---------------|---------------------|
| | | | | | | |
| Contingent Beneficiary | First Name | Initial | Last Name | Relationship | Date of Birth | Social Security No. |
| | | | | | | |

Last Name:

Security Number:

H Group #

SECTION 6 — PREVIOUS COVERAGE INFORMATION

Do NOT COMPLETE IF APPLYING FOR HMO OR IN-HOSPITAL INDEMNITY COVERAGE

In order to receive credit for pre-existing condition waiting periods, you must provide information about the last 12 months of coverage (18 months if new/current coverage is self-funded) for you and any dependents listed. If you have a certificate of prior coverage, please attach a copy to this enrollment application. (If more than one plan was in effect, or information is different for dependents, attach additional pages.) If Medicare, please complete the Medicare Coverage Information in Section 8.

List names of every individual covered:

Form for Section 6 with fields for Name of Primary Enrollee (Genevieve Merritt), Date of Birth (1/02), Gender (Female), Relationship to Applicant (Self), Group or Policy No., ID Number (234915), Employer's Name (City of Philadelphia), Employment Date (4/15/99), Effective Date (4/15/99), Type of Coverage (Health, Dental), and Will Coverage be Continued? (No).

SECTION 7 — OTHER COVERAGE INFORMATION

Complete this section only if you or any of your dependents have other health and / or dental coverage that will not be cancelled when the coverage under this application becomes effective. List names of each individual covered:

Form for Section 7 with fields for Type of Coverage, Group Coverage, Name and Address of Other Health Care Company, Name of Policyholder, Date of Birth, Gender, Relationship to Applicant, Type of Policy, ID Number, Employment Date, Effective Date of Coverage, Group or Policy Number, and Employer's Name.

SECTION 8 — MEDICARE COVERAGE INFORMATION

Form for Section 8 with two identical sets of fields for Medicare coverage, including Name of person covered, Medicare HIC#, Medicare Part A/B/D options, Start/End Dates, and reasons for Medicare eligibility.

SECTION 9 — DISABLED DEPENDENT

Form for Section 9 with fields for Name of disabled dependent, Nature of disability, and questions about permanent vs temporary disability and work status.

SECTION 10 — DECLINATION OF HEALTH COVERAGE

This is to certify the available coverage has been explained to me. I have been given the opportunity to apply for the coverage offered to me and my eligible dependents and have voluntarily elected to decline the coverage as indicated below. If I desire to apply for coverage at a later date, I understand there may be a delay in the effective date of the coverage as well as a pre-existing condition waiting period.

Form for Section 10 with fields for Employee, Spouse, and Child(ren) and reasons for declining (Other Group Coverage, Medicare, Medicaid, or Other).

SECTION 11 — COVERAGE CONDITIONS

- List of conditions for coverage including: I am an employee of the Employer named in this Enrollment Application... I state that the information given on this Enrollment Application is true and correct... Only those coverage(s) and amounts for which I am eligible will be available to me... I understand that the Health coverage for which I am applying may have a pre-existing condition exclusion waiting period... I agree that my Employer acts as my agent... I understand that my participation in the coverage(s) is subject to any future amendment.

Applicant's Signature and Date (10-5-09)



BlueCross BlueShield of Texas

Fast Path
Identification
Number/SSN

Select from list...

Go!

Go!

Contact Us Logout

Home > Employee Summary

printer friendly version

Employee

Employee Summary

- Request ID Card
- Update Personal Information
- Update Product
- Update Characteristic/Category
- Cancel Employee/Dependent
- Reinstate Employee/Dependent
- Add Dependent
- COBRA Enrollment
- Update HIPAA Certificate
- View Benefit Booklet
- Employee Activity Log
- Find Employee/Dependent

Employee Summary

ID Nbr:

We have your employee, **GENEANE R MERRITT**, listed at the following address:

117/1275

GENEANE's hire date with CITY OF MISSOURI CITY is 09/27/2009, and effective date is 09/27/2009.

GENEANE is in the Active Category for Billing effective 09/27/2009.

Coverage

| Name | Relationship SSN | Date of Birth | Product | Product Effective Date |
|-----------|-----------------------------|---------------|--------------------------------|------------------------|
| GENEANE R | Employee <i>117/1275/14</i> | | PPO-HOSP - BLUED HSA 90/70 DED | 09/27/2009 |

Characteristic Information

117/1275

| Characteristic | Value |
|-------------------|--------|
| CMSESC | Active |
| Actively Employed | Yes |

Group Section Information

The Group Section for the PPO-HOSP Product is 010539-0002.

Medicare Information

No one is eligible for Medicare coverage.

Pre-existing Waiting Period Information

The Pre-existing Waiting Period has been applied and will expire on 09/27/2009. The Waiting Period applies to: GENEANE,

117/1275

The Pre-existing Waiting Period has been applied and will expire on 09/27/2010. The Waiting Period applies to:

117/1275

[Top of page]

Log out

Clients and Benefit Managers

Comprehensive Vision Care Programs



Provider locator

The value of vision care

Why choose Spectera?

Producer compensation (PDF)

Frequently asked questions

Glossary of terms

Benefit description

Claim history

Eligibility entry

Enrollment forms

Order status

Out-of-network reimbursement

Register new users

Update registration

You can now retroactively Add, Terminate and Reinstate members and dependents - Click Here to learn more

As a Spectera client, you are able to add, change or delete information about a member by entering the member's Unique Identification number, then clicking the appropriate button.

Client Code: 5995
Sub Code: 5995

Enter the Member's Unique Identification Number:
(1136 Example: 123456789

Select the Group Name:
5995 - CITY OF MISSOURI CITY

Add Change / Reinstate Delete

MEMBER NOT FOUND

[About us](#)

[Contact us](#)

[Media center](#)

[About your vision](#)

[Home](#)

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Log out

Clients and Benefit Managers

Provider locator



The value of vision care

Change Member Information

Why choose Spectera?

Please make changes in the following form to change information on file for member with Unique Identification: 210681185

Producer compensation (PDF)

** Indicates required fields

Frequently asked questions

First Name** Initial Last Name** Home Phone

Glossary of terms

GENEANE [] MERRITT

11/11/25

Benefit description

Address**

Sex: F M Student: No Yes Handicapped: No Yes

Claim history

11/11/25

State** ZIP**

11/11/25

Location

Eligibility entry

Birth Date

12

Marital Status**

11/11/25

Enrollment forms

Effective Date** 09 / 27 / 2009

Tier**

Order status

Fund** 5995

Out-of-network reimbursement

Save & Exit

Save & Add Dependents

Quit without Saving

Register new users

[Back]

Update registration

[About us](#)

[Contact us](#)

[Media center](#)

[About your vision](#)

[Home](#)

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Clients and Benefit Managers

Corporate Vision Care Programs



Provider locator

The value of vision care

Why choose Spectera?

Producer compensation (PDF)

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Out-of-network reimbursement

Register new users

Update registration

Add, Change or Delete Dependents

Please select a dependent for member unique identification number: 210681185. To add a dependent, click Add. To change a dependent's information, select the name and click Change. To delete a dependent, select the name and click the Delete button.

Select Dependent

W/UP

11/11/11

Record add successful

[Return to Member Record]

[About us](#)

[Contact us](#)

[Media center](#)

[About your vision](#)

[Home](#)

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Please add Meriti to Spectera

Log out

Clients and Benefit Managers

 [Provider locator](#)



[The value of vision care](#)

You can now retroactively Add, Terminate and Reinstate members and dependents - [Click Here to learn more](#)

[Why choose Spectera?](#)

[Producer compensation \(PDF\)](#)

As a Spectera client, you are able to add, change or delete information about a member by entering the member's Unique Identification number, then clicking the appropriate button.

[Frequently asked questions](#)

Client Code: 5995
Sub Code: 5995

[Glossary of terms](#)

Enter the Member's Unique Identification Number:

Example: 123456789

[Benefit description](#)

Select the Group Name:

[Claim history](#)

5995 - CITY OF MISSOURI CITY

[Eligibility entry](#)

[Enrollment forms](#)

[Order status](#)

MEMBER NOT FOUND

[Out-of-network reimbursement](#)

[Register new users](#)

[Update registration](#)

[About us](#)

[Contact us](#)

[Media center](#)

[About your vision](#)

[Home](#)

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COMPLETED BY BENEFITS OFFICE:
 Effective Date: 09/27/2009
 Client Code: 5995 Sub Code: _____
 G/L Number: _____

Vision Plan Enrollment Form

Fax to 1-888-574-7335 or email to vision_eligibility@uhc.com

Organization Name: City of Missouri City

I. Check the Appropriate Boxes

Coverage Desired

New Enrollment

Change of Status/Address

117/1175

Open Enrollment

COBRA

REASON FOR CHANGE IN STATUS

Termination

Marriage

Newborn Child

Other Insurance

Move to COBRA

Death

Divorce

Last Name/Address Change

Adoption/legal custody of child

Legal custody of parent

Dependent child married/reached age limit

II. Employee Information (please print clearly):

Social Security Number

117/1175/147

Date of Hire 09-27-09

Gender F

Your Name GENEANE MERRITT

(Middle Initial)

(Last)

Birth Date 102

Address _____

117/1175

Home Phone _____

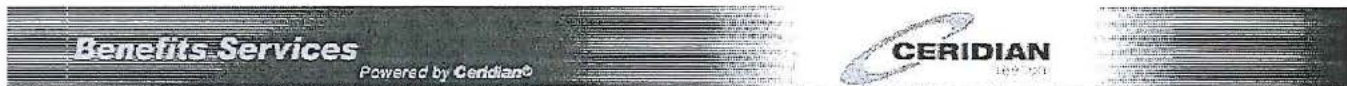
III. List All Eligible Family Members Below (if electing dependent coverage):

| | First Name | Last Name | Birth Date | Full Time Student? | Sex |
|--------|------------|-----------|------------|--------------------|---|
| Spouse | | | <u>/ /</u> | not applicable | <input type="checkbox"/> M / <input type="checkbox"/> F |
| Child | | | | | |
| Child | | | | | |
| Child | | | | | |
| Child | | | | | |

117/1175

I agree to continue enrollment in the vision plan for a period of 12 months

Your Signature [Signature] Date 10-5-09



COBRA/BBS/SCS Admin

Login Statistics | Security Profile | Logout

Contact Us Client Reports Data Entry Forms Rates Administration Toolbox Update Profile

Main Menu > New Hire Notification

New Employee or Newly Covered Spouse

COBRA Rights Notification Form

Client Name: CITY OF MISSOURI CITY

Client Account:

Division / Unit: null / null

Employee SSN:

117/077/147

Status: Submitted.

Message: Document was successfully submitted to the WebQE Database.

Records attached to this Document:

| LAST | FIRST | MI | ADDRESS | CITY | ST | ZIP | PHONE | REL |
|---------|---------|----|---------|------|----|-----|-------|-------|
| MERRITT | GENEANE | R | | | | | | F EMP |

117/0775

New Document

About Us Contact Us My Support Page

Ceridian COBRA Services

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Ceridian COBRA Continuation Services

NEW EMPLOYEE/COVERED SPOUSE
NOTIFICATION FORM

CS-61177/04QE

Ceridian COBRA Services Center
P. O. Box 534066
St. Petersburg, Florida 33747-4066

From: _____
Company

Division or Region Code Company ID or Unit Code

Ceridian COBRA Services Account #: _____

Please notify the following new employee and/or new spouse of his/her COBRA continuation rights: new employee newly covered spouse

If an active covered employee who has been notified previously by Ceridian is adding a spouse to the plan, check here:

Employee SSN# 117/1175/147

Name of Employee: McNeill GENEANE R. F
Last First MI Gender

Mailing Address: _____
Street City State Zip
117/1177

Name of Spouse: _____
Last First

Note: This employee has dependent(s) who live at the following **different** address(es):

Name: _____ Relationship: _____

Mailing Address: _____
Street City State Zip

Name: _____ Relationship: _____

Mailing Address: _____
Street City State Zip

Prepared by: _____
Name and Title (please print)

Signature Date Phone # Fax #

Geneane
Merritt/MOCTYDOM
10/29/2009 11:29 AM

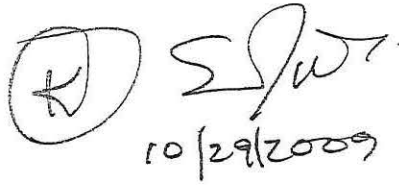
To Edward G. Williams/MOCTYDOM@MOCTYDOM
cc
bcc
Subject Change of benefits

Hello,

I would like to change my benefits from HSA to PPO if possible.

Thank You,

Capt. Geneane Merritt ..10032


10/29/2009

HE/OD Approved ~~Medical~~
Benefit change from ~~HSA~~ HSA
TO PPO per EE request; effective
NOV 1, 2009.



Welcome CITY OF MISSOURI CITY Profile
Logged in as Toni Moore Logout

[Overview](#) [Participants](#) [Documentation](#) [Help](#)

[Participants](#) > [Search Results](#) > [GENEANE MERRITT](#) > Terminate Participant

Terminate Participant

Termination Date (mm/dd/yyyy) :

[Cancel and Go Back](#)

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*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1315
RECIPIENT ADDRESS 918007656766
DESTINATION ID
ST. TIME 10/08 16:08
TIME USE 00'55
PAGES SENT 3
RESULT OK



HUMAN RESOURCES and ORGANIZATIONAL DEVELOPMENT

EDWARD G. WILLIAMS, Ph.D., DIRECTOR OF HUMAN RESOURCES
1522 TEXAS PARKWAY MISSOURI CITY, TEXAS 77489

FACSIMILE TRANSMITTAL

Recipient: OptumHealthBank
Recipient Fax: 800-765-6766
From: Toni McCullough-Moore ext. 8684
HR/OD Technician
Date: August 4, 2009
Pages: 3, including this cover sheet
Subject: Account Holder: **Geneane R. Hughes**
HDHP Effective Date: 09/27/2009

COMMENTS:

Following is the completed application for the referenced employee to establish an account. Please process in your usual and customary manner. Should you have any questions, please do not hesitate to contact our office.



FACSIMILE TRANSMITTAL

Recipient: OptumHealthBank

Recipient Fax: 800-765-6766

From: Toni McCullough-Moore ext. 8684
HR/OD Technician

Date: August 4, 2009

Pages: 3, including this cover sheet

Subject: Account Holder: **Geneane R. Hughes**
HDHP Effective Date: 09/27/2009

COMMENTS:

Following is the completed application for the referenced employee to establish an account. Please process in your usual and customary manner. Should you have any questions, please do not hesitate to contact our office.

SafeGuard Client Member Provider

Employer

Home | Employee List | Employee Detail

Employee Detail

Below is a summary of information for **City of Missouri City #81764** employee **MERRITT, GENEANE**. To make changes to this employee, click on the appropriate buttons below.

[View Member Detail](#) [Enrollment](#)

General Information

| | |
|---|-------------------------------|
| Employee Name: MERRITT, GENEANE | Cover Spouse: N |
| Date of Birth: 52 11/7/1975/147 | Spouse DOB: |
| SSN: | Number of Children: 3 |
| Employee Number: | Language Code: English |

Address & Contact Information

| | |
|------------------|-------------|
| Street: |] 11/7/1975 |
| City: | |
| State: | |
| Zip Code: | |
| Work Fax: | |
| Email: | |

Employment Information

| | |
|---|----------------------------|
| Hire Date: 09/27/2009 | |
| Group Name: City of Missouri City | Group No.: 81764 |

User Account Information

No Group Administration User Account is established for MERRITT, GENEANE

Done

©2001-2006 Verilét



THE DEPARTMENT OF HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT

2009 EMPLOYEE BI-WEEKLY HSA CONTRIBUTION DEDUCTIONS

Table with 5 columns: Employee Type, Total allowed in 2009, City Contributes, Empl Max Contribution (optional), and five contribution options (Opt # 1-5) with their respective amounts.

As a Health Savings Account (HSA) holder, you have the option to authorize the City to withhold pre-tax dollars, which the City will then deposit into your HSA. This deduction may help you reach your allowable annual contribution. Since your contribution to your HSA is optional, you may change the amount you contribute twice each year. However, you can only change from option 1, 2 or 3, to option 4 or 5. You may only change from option 4 to option 5. If you choose option 5, the City will NOT withhold any moneys for your HSA, but you are still responsible for bi-weekly premiums. A final alternative is option 6, wherein active employees may elect to contribute any amount to their HSA via payroll deductions (i.e. \$15, \$25, \$50, etc...per pay period).

Please check the box (contribution option) that best reflects your choice for withholding of funds that the City will deposit into your HSA account (Check ONE only):

Employee Only:

- Option #1 \$ 875.00 on 2 Paydays (1/9, 1/23)
Option #2 \$ 437.50 on 4 Paydays (1/9, 1/23, 2/6, 2/20)
Option #3 \$ 291.67 on 6 Paydays (1/9, 1/23, 2/6, 2/20, 3/6, 3/20)
Option #4 \$ 72.92 on 24 Paydays (1st & 2nd Pay Day of each month)
Option #5 \$ 00.00 per pay period (Active employees must still pay premiums)
Option #6 \$ _____ (Amount you want the City to deduct from your paycheck)

Employee/Family:

- Option #1 2 Payments of \$1,850.00 (1/9, 1/23)
Option #2 4 Payments of \$ 925.00 (1/9, 1/23, 2/6, 2/20)
Option #3 6 Payments of \$ 616.67 (1/9, 1/23, 2/6, 2/20, 3/6, 3/20)
Option #4 24 Payments of \$ 154.17 (Monthly payment option)
Option #5 \$ 00.00 per pay period (Active employees must still pay premiums)
Option #6 \$ _____ (Amount you want the City to deduct from your paycheck)

Geneane Merritt Geneane Merritt
Printed Name Signature Date



FACSIMILE TRANSMITTAL

Recipient: Capt. Merritt
Recipient Fax: 281-261-4238
From: Toni McCullough-Moore ext. 8684
HR/OD Technician
Date: Jan. 6, 2010
Pages: 5, including this cover sheet
Subject: Vision Benefit Details
Group Name & #: City of Missouri City/5995.

COMMENTS:

Following are benefit details for yourself and
regarding vision plan.



FACSIMILE TRANSMITTAL

TO: TML-IRP

FAX: 281-893-8705

FROM: Toni Moore
HR/OD Technician
HRTemp@missouricitytx.gov
(281) 403-8684
(281) 403-8971/fax

DATE:

PAGES: ____, including this cover sheet

SUBJECT:

COMMENTS:

My best,

Toni Moore

RS [552.117]

[Log out](#)

Clients and Benefit Managers



[Provider locator](#)

Corporate Vision Care Programs

SPECTERA

[The value of vision care](#)

Please Note: Member must be eligible at date of service to receive benefit.

[Why choose Spectera?](#)

Coverage Type: EMPLOYEE

[Producer compensation \(PDF\)](#)

[Frequently asked questions](#)

[Glossary of terms](#)

Benefit description

[Claim history](#)

[Eligibility entry](#)

[Enrollment forms](#)

[Order status](#)

[Out-of-network reimbursement](#)

[Register new users](#)

[Update registration](#)

| Coverage for: GENEANE MERRITT | Claim Authorization Number | Explanation |
|--|----------------------------|-------------|
| Eligible for an exam 01/06/2010 | | |
| Eligible for lenses or contacts in lieu of eyeglasses 01/06/2010 | | |
| Eligible for frames 01/06/2010 | | |
| Claim authorization numbers are valid for 60 days. | | |

For additional information please contact our customer service department at 1(800)638-3120.

General Plan Information

| | |
|---|--|
| To view general information which applies to all individuals eligible for this plan, select the type of information you are interested in from the list on the right. | <p>Copays</p> <p>Out-of-Network Reimbursements</p> |
|---|--|

[Back]

City of Missouri City
Group # 5995

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RS [552,117]

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Clients and Benefit Managers

 Provider locator



The value of vision care

Please Note: Member must be eligible at date of service to receive benefit.

Why choose Spectera?

Producer compensation (PDF)

Frequently asked questions

Glossary of terms

Benefit description

Claim history

Eligibility entry

For additional information please contact our customer service department at 1(800)638-3120.

Enrollment forms

Order status

Out-of-network reimbursement

Register new users

Update registration

General Plan Information

To view general information which applies to all individuals eligible for this plan, select the type of information you are interested in from the list on the right.

Copays

Out-of-Network Reimbursements

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City of Missouri City
Group #: 5995

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Clients and Benefit Managers

Complete vision care services

SPECTERA

 Provider locator

The value of vision care

Co-Pays for Member and Dependents

Why choose Spectera?

Producer compensation (PDF)

Frequently asked questions

Glossary of terms

| Service Description | Co-Pay |
|---------------------|---------|
| EXAM | \$10.00 |
| MATERIAL COPAY | \$25.00 |
| LENTICULAR/CATARACT | \$25.00 |
| FRAME | \$25.00 |
| CONTACTS | \$25.00 |
| DISPOSABLE CONTACTS | \$25.00 |

Benefit description

Claim history

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Clients and Benefit Managers

Corporate Vision Care Programs

SPECTERA



[Provider locator](#)

[The value of vision care](#)

Out-of-Network Reimbursements

[Why choose Spectera?](#)

[Producer compensation \(PDF\)](#)

[Frequently asked questions](#)

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Benefit description

[Claim history](#)

[Eligibility entry](#)

[Enrollment forms](#)

[Order status](#)

[Out-of-network reimbursement](#)

[Register new users](#)

[Update registration](#)

| Service Types | Reimbursement Amount |
|---------------------|----------------------|
| EXAM | \$40.00 |
| SINGLE VISION | \$40.00 |
| BIFOCAL | \$60.00 |
| TRIFOCAL | \$80.00 |
| LENTICULAR/CATARACT | \$80.00 |
| FRAME | \$45.00 |
| CONTACTS | \$105.00 |
| DISPOSABLE CONTACTS | \$105.00 |
| CONTACTS-MEDICAL | \$210.00 |

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City of Missouri City
Department of Human Resources & Organizational Development

2010 Benefits Year: STATUS CHANGE PROPOSAL

During Annual Enrollment, **GENEANE MERRITT** elected the benefits listed below, and agreed to the corresponding rates for the 2010 calendar year.

Coverage Tier: EC

Benefit:

| | |
|----------|---------------|
| Medical: | PPO |
| Dental: | PDP |
| Vision: | Vision |

Optional Benefits Elected:

Rate Per Pay Period:

Optional Benefits Cancelled:

(if blank, no change(s) from previous year)



HR/OD Approved



HR/OD Entered



DEPARTMENT OF HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT (HR/OD)
2010 ANNUAL ENROLLMENT ABBREVIATED ENROLLMENT FORM

In the event you do not wish to make any changes to your Benefit Elections for medical, dental, and vision (for the 2010 calendar year), you may complete this Abbreviated Enrollment Form. If you wish to add, cancel, change or enroll in any new benefits, you must complete the corresponding enrollment form and supporting documentation then submit these to HR/OD by 12:00 P.M. Noon on Thursday, October 22, 2009.

MEDICAL : BLUE CROSS BLUE SHIELD

Preferred Provider Option (PPO) or Health Savings Account (HSA)

- [X] No Change in coverage for 2010 (Same as 2009)
[] Decline Coverage for 2010 (Medical, Dental & Vision)
[] Cancel Coverage for 2010* (Attach Application)
[] Change / Add Coverage for 2010* (Attach Application)
[] New Enrollment*
[] Change PPO coverage to HSA coverage*
[] Change HSA coverage to PPO coverage*
[] Change Dependent coverage*

*Complete application/enrollment form

DENTAL : METLIFE/SAFEGUARD

Dental Health Maintenance Option (DHMO) Preferred Provider Option (PPO)

- [X] No Change in coverage for 2010 (Same as 2009)
[] Decline Coverage for 2010 (Medical, Dental & Vision)
[] Cancel Coverage for 2010* (Attach Application)
[] Change / Add Coverage for 2010* (Attach Application)
[] New Enrollment*
[] Change DHMO coverage to PPO coverage*
[] Change PPO coverage to DMHO coverage*
[] Change Dependent coverage*

*Complete application/enrollment form

HEALTH SAVINGS ACCOUNT (HSA)

*Must complete HSA Contribution Form

- [] No Change in coverage for 2010 (Same as 2009)
[] EE- EMPLOYEE ONLY*
[] EE+ FAMILY*
[] OPTION 1 [] OPTION 4
[] OPTION 2 [] OPTION 5
[] OPTION 3 [] OPTION 6

VISION: UNITED HEALTHCARE/SPECTERA

- [X] No Change in coverage for 2010 (Same as 2009)
[] Change / Add Coverage for 2010*
[] New Enrollment*
[] Change Dependent coverage*

*Complete application/enrollment form

FLEXIBLE SPENDING ACCOUNT(s)

* Enrollment Forms Required

- [] No Change in coverage for 2010*(Same as 2009)
[] Change / Add Coverage for 2010* (Attach Application)*
[] New Enrollment*
[] Medical Reimbursement coverage*
[] Dependent Care coverage*
[] Decline Coverage for 2010

OPTIONAL BENEFITS

- [] No Change in coverage for 2010 (Same as 2009)
[] Change / Add Coverage for 2010* (Attach Application)
[] Change* [] New Enrollment*
[] AFLAC [] AFLAC
[] Pre-Paid Legal [] Pre-Paid Legal

RETIREMENT ACCOUNTS *(Attach Application)

- [] Change* [] New Enrollment*
[] AIG/VALIC [] AIG/VALIC
[X] ICMA [] ICMA
[] Nationwide [] Nationwide

HARTFORD LIFE INSURANCE

- [X] New Enrollment (Basic Life & AD&D)
[] Change / Add Coverage for 2010* (Attach Application)
[] Voluntary Supplemental Life Insurance (Employee only)
[] Voluntary Supplemental AD&D (Employee only)
[] Voluntary Dependent Life Insurance

*Complete application/enrollment form

ADDRESS CHANGE

Do we have your current address on file?

- [X] YES [] NO

****If NO, please complete a Change of Address Form****

Please print your name, then sign & date before returning to HR/OD.

NAME:

GENEANE Merritt

Signature

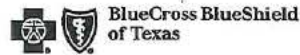
[Handwritten Signature]

Date: 10/30/09

| | | | |
|---|---------|-----------|--------|
| H | Group # | Section # | Dept # |
| | Group # | Section # | Dept # |

Social Security Number _____
Category _____

ENROLLMENT APPLICATION/CHANGE FORM



SECTION 1 — ENROLLMENT EVENTS

PLEASE CHECK ALL THAT APPLY — IF YOU ARE DECLINING COVERAGE, COMPLETE SECTIONS 2 AND 10 ON

New Enrollee Add Dependent
 Are you applying as a result of a Special Enrollment Event? Yes No If yes, select
 Event: Marriage Birth, Adoption, Suit for Adoption
 Court Order (see instructions)
 Loss of Other Coverage (provide Certification of Coverage)
 Other (Explain): _____

Add Coverage: Health Dental
 Term Life Dependent Life
 Short Term Disability (STD)
 Long Term Disability (LTD)

Change Primary Care Physician (PCP)
 Reason: _____
 Change Primary Care Dentist (PCD)
 Reason: _____
 Change Address/Name

Cancel Enrollee Cancel Dependent
 List names of those canceling in Section 4 below
 Event: Divorce Death
 Terminated Employment
 Other

Indicate Event Date: ___/___/___

Cancel Coverage: Health Dental Term Li
 Dependent Life STD LTD

SECTION 2 — PLEASE TELL US ABOUT YOURSELF

COMPLETE EVEN IF DECLINING COVERAGE

Last Name: MERRITT First Name: GENEANE MI (opt): R Suffix: 102 Date of Birth: 4/1/75 Social Security Number: _____

Mailing Address - Street - Apt# _____ City: _____ State: _____ Zip: _____

E-Mail Address (opt): _____ Male Female Business Phone #: _____ Home Phone #: _____

Name of Employer: Missouri City, TX I work at least 30 hours a week for this employer? Yes No

Eligibility Status: Active Employee Retired Employee - Date of Retirement: _____ COBRA Continuation
 Continuation of Group Coverage (insured plans only) Dependent Continuation of Group Coverage (insured plans, only)

SECTION 3 — SELECT YOUR COVERAGE

PLEASE CHECK ALL THAT APPLY

Health (select one)
 PPO HMO
 BlueEdge HCA BlueEdge HSA
 HMO Consumer Choice Plan (small group only)
 PPO Consumer Choice Plan (small group, only)
 Other: _____
 Plan #, if known: _____

Enrollees (select one)
 Employee Only
 Employee/Spouse
 Employee/Child(ren)
 Family
 I am not applying for dental coverage

Dental
 Yes
 No
 Plan #, if known: _____

Complete only if you are applying for HMO coverage:
 Primary Language: _____ Check here to request a Spanish Member Handbook
 Do you have a disability affecting your ability to communicate or read? Yes No
 If "Yes", describe special communication materials needed: _____

SECTION 4 — COVERAGE OPTIONS

SELECT A PCP FOR HMO OR POS ONLY. SELECT A PCD FOR HMO BLUE TEXAS DENTAL OPTION ONLY.

| Employee/Enrollee's Name | PCP Name | PCP No. | New Patient? <input type="checkbox"/> Y <input type="checkbox"/> N | PCD Name | PCD No. | New Patient? <input type="checkbox"/> Y <input type="checkbox"/> N |
|--------------------------|----------|---------|---|----------|---------|---|
| <u>Geneane Merritt</u> | | | | | | |

Employee Occupation/Job title: _____ Wage rate \$ _____ per hour week month year

Group Basic Term Life & ADS&D I do not apply I do apply Amount \$ _____

Group Dependents' Life I do not apply I do apply

Group Supplemental Life I do not apply I do apply

Employee election: \$ _____ Spouse election: \$ _____ Child election: \$ _____

Short Term Disability (STD) I do not apply I do apply

Long Term Disability (LTD) I do not apply I do apply

| Primary Beneficiary | First Name | Initial | Last Name | Relationship | Date of Birth | Social Security No. |
|------------------------|------------|---------|-----------|--------------|---------------|---------------------|
| | | | | | | |
| Contingent Beneficiary | First Name | Initial | Last Name | Relationship | Date of Birth | Social Security No. |
| | | | | | | |

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association Fort Dearborn Life Insurance Company, a Member of the Preferred Financial Group

Last Name:

Social Security Number:

H Group #

SECTION 6 — PREVIOUS COVERAGE INFORMATION

DO NOT COMPLETE IF APPLYING FOR HMO OR IN-HOSPITAL INDEMNITY COVERAGE

In order to receive credit for pre-existing condition waiting periods, you must provide information about the last 12 months of coverage (18 months if new/current coverage is self-funded) for you and any dependents listed. If you have a certificate of prior coverage, please attach a copy to this enrollment application. (If more than one plan was in effect, or information is different for dependents, attach additional pages.) If Medicare, please complete the Medicare Coverage Information in Section 8.

List names of every individual covered:

Form with fields: Name of Primary Enrollee, Date of Birth, Male/Female, Relationship to Applicant, Group or Policy No., ID Number, Employer's Name, Employment Date, Effective Date, Will Coverage be Continued?, Type of Coverage, Type of Policy.

SECTION 7 — OTHER COVERAGE INFORMATION

Complete this section only if you or any of your dependents have other health and / or dental coverage that will not be cancelled when the coverage under this application becomes effective. List names of each individual covered:

Form with fields: Type of Coverage, Group Coverage, Name and Address of Other Health Care Company, Name of Policyholder, Date of Birth, Male/Female, Relationship to Applicant, Type of Policy, ID Number, Employment Date, Effective Date of Coverage, Group or Policy Number, Employer's Name.

SECTION 8 — MEDICARE COVERAGE INFORMATION

Form with fields: Name of person covered, Medicare HIC# (from ID card), Medicare Part A (hospital), Medicare Part B (medical), Medicare Part D (prescription drugs), Check reason for Medicare eligibility.

SECTION 9 — DISABLED DEPENDENT

Form with fields: Name of disabled dependent, Nature of disability, Has disability been diagnosed as permanent?, Is dependent unable to work due to the disability?, If disabled child is over the dependent age limit of your employer's plan, please attach a completed Dependent Child's Statement of Disability form.

SECTION 10 — DECLINATION OF HEALTH COVERAGE

This is to certify the available coverage has been explained to me. I have been given the opportunity to apply for the coverage offered to me and my eligible dependents and have voluntarily elected to decline the coverage as indicated below. If I desire to apply for coverage at a later date, I understand there may be a delay in the effective date of the coverage as well as a pre-existing condition waiting period.

Form with fields: Employee, Spouse, Child(ren), Reason for declining: Other Group Coverage, Medicare, Medicaid, Other, explain.

SECTION 11 — COVERAGE CONDITIONS

- I am an employee of the Employer named in this Enrollment Application. I am eligible to participate in the coverage(s) afforded by my Employer's plan, which is either underwritten or administered by Blue Cross and Blue Shield of Texas (BCBSTX) or Fort Dearborn Life Insurance Company (FDL). On behalf of myself and any dependents listed on this Enrollment Application, I apply for those coverage(s) for which I am eligible. I state that the information given on this Enrollment Application is true and correct. I understand and agree that any incorrect statements material to the risk and knowingly made by me will invalidate my coverage(s). Only those coverage(s) and amounts for which I am eligible will be available to me. I understand that if this Enrollment Application is accepted, the coverage(s) will become effective in accordance with the provisions of the Contract(s)/Plan(s). I understand that the Health coverage for which I am applying may have a pre-existing condition exclusion waiting period. I agree that my Employer acts as my agent. I authorize necessary payroll deduction by my Employer, if any, to cover the cost of my coverage(s). I understand that my participation in the coverage(s) is subject to any future amendment. I also understand that all notices given to my Employer are binding upon me.

Applicant's Signature: [Signature] Date: 10-30-81

11/17/14

ENROLLMENT APPLICATION/CHANGE FORM

| | | | |
|---|---------|-----------|--------|
| H | Group # | Section # | Dept # |
| | Group # | Section # | Dept # |



SECTION 1 — ENROLLMENT EVENTS

PLEASE CHECK ALL THAT APPLY — IF YOU ARE DECLINING COVERAGE, COMPLETE SECTIONS 2 AND 3 ONLY

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> New Enrollee <input type="checkbox"/> Add Dependent Are you applying as a result of a Special Enrollment Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, select <input type="checkbox"/> Marriage <input type="checkbox"/> Birth, Adoption, Suit for Adoption <input type="checkbox"/> Court Order (see instructions) <input type="checkbox"/> Loss of Other Coverage (provide Certification of Coverage) <input type="checkbox"/> Other (Explain): _____ Indicate Event Date: ___/___/___ | Add Coverage: <input checked="" type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Term Life <input type="checkbox"/> Dependent Life <input type="checkbox"/> Short Term Disability (STD) <input type="checkbox"/> Long Term Disability (LTD) <input type="checkbox"/> Change Primary Care Physician (PCP) Reason: _____ <input type="checkbox"/> Change Primary Care Dentist (PCD) Reason: _____ <input type="checkbox"/> Change Address/Name | <input type="checkbox"/> Cancel Enrollee <input type="checkbox"/> Cancel Dependent List names of those canceling in Section 4 below Event: <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Terminated Employment <input type="checkbox"/> Other Indicate Event Date: ___/___/___ Cancel Coverage: <input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Term Life <input type="checkbox"/> Dependent Life <input type="checkbox"/> STD <input type="checkbox"/> LTD |
|--|---|--|

SECTION 2 — PLEASE TELL US ABOUT YOURSELF

COMPLETE EVEN IF DECLINING COVERAGE

| | | | | | |
|---|-------------------------------|--------------------------------------|--|------------------------------------|---|
| Last Name MERRITT | First Name GENEVIVE | MI (opt) R | Suffix 102 | Date of Birth 11/17/1971 | Social Security Number 117-197-1171 |
| Mailing Address - Street - Apt # _____ City _____ State _____ Zip _____ | | | | | |
| Home phone # _____ | | | | | |
| Business phone # _____ | | | | | |
| Name of Employer Missouri City, TX | | Date of Employment 9/27/09 | Do you usually work at least 30 hours a week for this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

Eligibility Status: Active Employee Retired Employee - Date of Retirement: _____ COBRA Continuation
 Continuation of Group Coverage (insured plans only) Dependent Continuation of Group Coverage (insured plans, only)

SECTION 3 — SELECT YOUR COVERAGE

PLEASE CHECK ALL THAT APPLY

| | | | |
|---|---|---|---|
| Health (select one) <input checked="" type="checkbox"/> PPO <input type="checkbox"/> HMO <input type="checkbox"/> BlueEdge HCA <input type="checkbox"/> BlueEdge HSA <input type="checkbox"/> HMO Consumer Choice Plan (small group only) <input type="checkbox"/> PPO Consumer Choice Plan (small group, only) <input type="checkbox"/> Other: _____ Plan #, if known: _____ | Enrollees (select one) <input type="checkbox"/> Yes <input type="checkbox"/> No Plan #, if known: _____ | Dental <input type="checkbox"/> Yes <input type="checkbox"/> No Plan #, if known: _____ | Enrollees (select one) <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee /Spouse <input type="checkbox"/> Employee /Child(ren) <input type="checkbox"/> Family <input type="checkbox"/> I am not applying for dental coverage |
|---|---|---|---|

Complete only if you are applying for HMO coverage:
 Primary Language: _____ Check here to request a Spanish Member Handbook
 Do you have a disability affecting your ability to communicate or read? Yes No
 If "Yes", describe special communication materials needed: _____

SECTION 4 — COVERAGE OPTIONS

SELECT A PCP FOR HMO OR POS ONLY. SELECT A PCD FOR HMO BLUE TEXAS DENTAL OPTION ONLY.

| | | | | | | |
|---|----------|---------|---|----------|---------|---|
| Employee/Enrollee's Name Genevive Merritt | PCP Name | PCP No. | New Patient? <input type="checkbox"/> Y <input type="checkbox"/> N | PCD Name | PCD No. | New Patient? <input type="checkbox"/> Y <input type="checkbox"/> N |
|---|----------|---------|---|----------|---------|---|

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D), AND DISABILITY INSURANCE COVERAGES

| | |
|--------------------------------------|---|
| Employee Occupation/Job title: _____ | Wage rate \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year |
| Group Basic Tenn Life & AD&D | <input type="checkbox"/> I do not apply <input type="checkbox"/> I do apply Amount \$ _____ |
| Group Dependents' Life | <input type="checkbox"/> I do not apply <input type="checkbox"/> I do apply |
| Group Supplemental Life | <input type="checkbox"/> I do not apply <input type="checkbox"/> I do apply |
| Employee election: \$ _____ | Spouse election: \$ _____ Child election: \$ _____ |
| Short Term Disability (STD) | <input type="checkbox"/> I do not apply <input type="checkbox"/> I do apply |
| Long Term Disability (LTD) | <input type="checkbox"/> I do not apply <input type="checkbox"/> I do apply |
| Primary Beneficiary | First Name Initial Last Name Relationship Date of Birth Social Security No. |
| Contingent Beneficiary | First Name Initial Last Name Relationship Date of Birth Social Security No. |

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association Fort Dearborn Life Insurance Company, a Member of the Preferred Financial Group

Last Name:

Social Security Number:

H Group #

SECTION 6 — PREVIOUS COVERAGE INFORMATION

Do NOT COMPLETE IF APPLYING FOR HMO OR IN-HOSPITAL INDEMNITY COVERAGE

In order to receive credit for pre-existing condition waiting periods, you must provide information about the last 12 months of coverage (18 months if new/current coverage is self funded) for you and any dependents listed. If you have a certificate of prior coverage, please attach a copy to this enrollment application. (If more than one plan was in effect, or if information is different for dependents, attach additional pages.) If Medicare, please complete the Medicare Coverage Information in Section 8.

List names of every individual covered:

Form for Section 6 with fields: Name of Primary Enrollee, Date of Birth, Gender, Relationship to Applicant, Group or Policy No., ID Number, Employer's Name, Employment Date, Effective Date, Will Coverage be Continued?, If No, Expected Cancel Date, Type of Coverage, Type of Policy.

SECTION 7 — OTHER COVERAGE INFORMATION

Complete this section only if you or any of your dependents have other health and / or dental coverage that will not be cancelled when the coverage under this application becomes effective. List names of each individual covered:

Form for Section 7 with fields: Type of Coverage, Group Coverage, Name and Address of Other Health Care Company, Name of Policyholder, Date of Birth, Gender, Relationship to Applicant, Type of Policy, ID Number, Employment Date, Effective Date of Coverage, Group or Policy Number, Employer's Name.

SECTION 8 — MEDICARE COVERAGE INFORMATION

Form for Section 8 with fields: Name of person covered, Medicare HIC#, Medicare Part A (hospital), Medicare Part D (prescription drugs), Check reason for Medicare eligibility, Name of person covered, Medicare HIC#, Medicare Part A (hospital), Medicare Part D (prescription drugs), Check reason for Medicare eligibility.

SECTION 9 — DISABLED DEPENDENT

Form for Section 9 with fields: Name of disabled dependent, Nature of disability, Has disability been diagnosed as permanent?, Is dependent unable to work due to the disability?, If disabled child is over the dependent age limit of your employer's plan, please attach a completed Dependent Child's Statement of Disability form.

SECTION 10 — DECLINATION OF HEALTH COVERAGE

This is to certify the available coverage has been explained to me. I have been given the opportunity to apply for the coverage offered to me and my eligible dependents and have voluntarily elected to decline the coverage as indicated below. If I desire to apply for coverage at a later date, I understand there may be a delay in the effective date of the coverage as well as a pre-existing condition waiting period.

Form for Section 10 with fields: Employee, Spouse, Child(ren), Reason for declining, Other Group Coverage, Medicare, Medicaid, Other, explain.

SECTION 11 — COVERAGE CONDITIONS

- I am an employee of the Employer named in this Enrollment Application. I am eligible to participate in the coverage(s) afforded by my Employer's plan, which is either underwritten or administered by Blue Cross and Blue Shield of Texas (BCBSTX) or Fort Dearborn Life Insurance Company (FDL). On behalf of myself and any dependents listed on this Enrollment Application, I apply for those coverage(s) for which I am eligible. I state that the information given on this Enrollment Application is true and correct. I understand and agree that any incorrect statements material to the risk and knowingly made by me will invalidate my coverage(s). Only those coverage(s) and amounts for which I am eligible will be available to me. I understand that if this Enrollment Application is accepted, the coverage(s) will become effective in accordance with the provisions of the Contracts(s)/Plan(s). I understand that the Health coverage for which I am applying may have a pre-existing condition exclusion waiting period. I agree that my Employer acts as my agent. I authorize necessary payroll deduction by my Employer, if any, to cover the cost of my coverage(s). I understand that my participation in the coverage(s) is subject to any future amendment. I also understand that all notices given to my Employer are binding upon me.

Applicant's Signature: [Signature] Date: 10-30-81



BlueCross BlueShield
of Texas

< [Print](#) >

< [Close](#) >

Employee Summary

ID Nbr: 000832544270

We have your employee, **GENEANE R MERRITT**, listed at the following address:

17/1175

GENEANE's hire date with CITY OF MISSOURI CITY is 09/27/2009, and effective date is 09/27/2009.

GENEANE is in the Active Category for Billing effective 09/27/2009.

Coverage

| Name | Relationship SSN | Date of Birth | Product | Product Effective Date |
|-----------|-----------------------|------------------|----------|---------------------------|
| GENEANE R | Employee 117/1127/197 | | PPO-HOSP | 11/01/2009 |

75

Characteristic Information

104/1175

| Characteristic | Value |
|--------------------------|--------|
| CMS Employee Status Code | Active |
| Actively Employed | Yes |

Group Section Information

The Group Section for the PPO-HOSP Product is 010341-0001.

Medicare Information

No one is eligible for Medicare coverage.

Pre-existing Waiting Period Information

The Pre-existing Waiting Period has been applied and will expire on 11/01/2009. The Waiting Period applies to: GENEANE

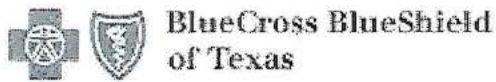
The Pre-existing Waiting Period has been applied and will expire on 09/27/2010. The Waiting Period applies to:

7/1175

[\[Top of page\]](#)

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an Independent Licensee of the Blue Cross and Blue Shield Association.
© Copyright 2009. Health Care Service Corporation. All Rights Reserved.
[Legal Information](#) | [Contact Us](#)

22



< Print > < Close >

Employee Summary

ID Nbr: 000832544270

We have your employee **GENEANE R MERRITT** listed at the following address:

117/1175

GENEANE's hire date with CITY OF MISSOURI CITY is 09/27/2009, and effective date is 09/27/2009.

GENEANE is in the Active Category for Billing effective 09/27/2009.

Coverage

| Name | Relationship SSN | Date of Birth | Product | Product Effective Date |
|-----------|------------------------------|------------------|----------|---------------------------|
| GENEANE R | Employee <i>117/1175/147</i> | | PPO-HOSP | 11/01/2009 |

7/1175

Characteristic Information

161/CU

| Characteristic | Value |
|--------------------------|--------|
| CMS Employee Status Code | Active |
| Actively Employed | Yes |

Group Section Information

The Group Section for the PPO-HOSP Product is 010341-0001.

Medicare Information

No one is eligible for Medicare coverage.

Pre-existing Waiting Period Information

The Pre-existing Waiting Period has been applied and will expire on 11/01/2009. The Waiting Period applies to: GENEANE

The Pre-existing Waiting Period has been applied and will expire on 09/27/2010. The Waiting Period applies to: *117/1175*

The Pre-existing Waiting Period has been applied and will expire on 02/06/2010. The Waiting Period applies to: *117/1175*

[Top of page]

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1540
RECIPIENT ADDRESS 82812614238
DESTINATION ID
ST. TIME 12/15 15:39
TIME USE 00'20
PAGES SENT 2
RESULT OK



HUMAN RESOURCES and ORGANIZATIONAL DEVELOPMENT

EDWARD G. WILLIAMS, Ph.D., DIRECTOR OF HUMAN RESOURCES
1522 TEXAS PARKWAY MISSOURI CITY, TEXAS 77489

FACSIMILE TRANSMITTAL

Recipient: Capt. Merritt
Recipient Fax: 281-261-4238
From: Toni McCullough-Moore ext. 8684
HR/OD Technician
Date: 12/15/2009
Pages: 2, including this cover sheet
Subject: BOBS

COMMENTS:

Following is a temporary id card per our discussion today.
Please note, I will add [] to your health
plan is on the other plans (ie, dental & vision).
Please call me to confirm issuance, to avoid



FACSIMILE TRANSMITTAL

Recipient: Capt. Merritt
Recipient Fax: 281-261-4238
From: Toni McCullough-Moore ext. 8684
HR/OD Technician
Date: 12/15/2009
Pages: 2, including this cover sheet
Subject:

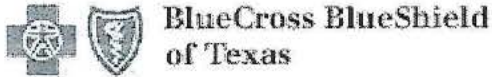
BCBS

COMMENTS:

Following is a temporary id card per our discussion today.
Please note, I will add _____ to your health
plan. _____ is on the other plans (ie, dental & vision).

Please call me to confirm you've received
this message (281-403-8684).

Toni

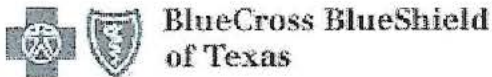


< Print > < Close >

Print a temporary ID card

ID Nbr: 000832544270

The document below will serve as proof of insurance for any upcoming doctor or hospital visit.



Date: December 15, 2009

Dear Provider,

Please accept this letter as a temporary Blue Cross and Blue Shield identification card.

According to the information on file, the following individual(s) have Blue Cross and Blue Shield coverage:

Subscriber: **Geneane R Merritt**
Medical Group Number: **010341**
Drug Group Number: **010341**

Identification Number:
Eff date: **11/01/2009**
Eff date: **11/01/2009**

136

DEPENDENT INFO:

This letter does not guarantee coverage or payment and does not represent prior approval for benefits. All claims are subject to coverage provisions and medical necessity. For self funded health plans (ASO), Blue Cross and Blue Shield of Texas provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

☆☆ For eligibility, benefits, claims status, and pre-authorization inquiries, call (800) 451-0287 for PPO and POS.

ATTENTION PROVIDER: This Temporary ID will automatically expire within 10 days after the date of its issuance. If you are providing services to this enrollee or his/her dependent after the expiration date, please call the number listed above to check that the information contained in this letter is still accurate.

Please file all claims with your LOCAL Blue Cross and Blue Shield plan.

Thank you.

Prepared 10/29/09
11:51:25



Employee Status Change Proposal
CITY OF MISSOURI CITY

Dp/Dv/Act : 30 24 531 PUBLIC SAFETY -/CRIMINAL
Employee : 10032 MERRITT, GENEANE
Address :

| | Current | Proposed |
|--------------------------------|-----------|----------|
| Position - Authorized . . . : | 174 | |
| Position - Actual : | 174 | |
| Dp/Dv/Act - Authorized . . . : | 3021531 | |
| Dp/Dv/Act - Actual : | 3024531 | |
| Grade/Step : | P6 1 | |
| Elm/Obj : | | |
| Hourly rate : | 38.1848 | |
| Annual rate : | 79,424.40 | |
| Pay frequency : | BW | |
| Schedule hours code : | RG | |
| Employee status : | FT | |
| Hourly/Salaried : | H | |
| Full time/part/temp : | F | |
| Exempt from overtime : | Y | |

Reason for status change . . . : Other
Effective date : 11/01/09

Comments : HR/OD approved medical benefit change from
HSA to PPO per employee's request; effctve
11/01/2009.

Authorized signatures :  
Department
Human Resources

Geneane Merritt/MOCTYDOM

To Edward G. Williams/MOCTYDOM@MOCTYDOM

10/29/2009 11:29 AM

cc

bcc

Subject Change of benefits

Hello,

I would like to change my benefits from HSA to PPO if possible.

Thank You,

Capt. Geneane Merritt ..10032

- status change ^{from}
- change on BCBS
- change on OptimaHealth
e

| CITY TO HSA | EE TO AS |
|----------------|-------------|
| \$ 93.75 | \$ 154.17 |

SafeGuard Dental Enrollment Form

PN2332

Texas

Please print clearly when completing the Enrollment Form and return it to your Benefits Coordinator.

Benefits Coordinator Use Only

| | | | |
|---|---------------------------|----------------------------------|--------------------------------|
| Group/Employer Name <i>City of Missoula City</i> | Group No. <i>81764</i> | Effective Date <i>9/27/09</i> | Date of Hire <i>9/27/09</i> |
|---|---------------------------|----------------------------------|--------------------------------|

Subscriber's Information

Plan Selected: *PN2332*

| | | | |
|-----------------------------|----------------------------------|----------------|---|
| Last Name <i>Merritt</i> | First Name <i>Geneane</i> | MI <i>R</i> | Subscriber SS# |
| Home Address | | | <i>117/117</i> |
| City | | | <i>197</i> |
| Male/Female <i>F</i> | Date of Birth <i>11/11/75</i> | Home Telephone | Work Telephone <i>(281) 403-8715</i> |
| | | | Ext. |

Dependent Information

| Spouse/ Dependent | Last Name | First Name | MI | Male/ Female | Date of Birth | | |
|----------------------|-----------|------------|----|-----------------|---------------|-----|------|
| | | | | | Mo. | Day | Year |
| | | | | | | | |

Primary language: *English* Please note any communication impairment: _____

SafeHealth does not require an HIV test as a condition of obtaining health insurance coverage.

Authorization to release dental records - I hereby authorize the release and disclosure to review, or to obtain a copy of, any and all dental records which pertain to me or any member of my family, maintained by my chosen Selected General Dentist and/or Specialist, to SafeGuard and/or any designated agent or representative for the purposes of dental treatment, care and for SafeGuard's quality assessment and utilization reviews, which will be kept strictly confidential. This authorization shall remain valid for the term of this coverage.

I hereby apply to SafeHealth Life Insurance for Group Dental Insurance as presented to me and authorize my employer to make any necessary deduction from my salary to pay the premium when my insurance becomes effective.

Waiver of Coverage

I have been given the opportunity to apply for group dental insurance, but:

Do not choose to elect this coverage.

Visit our website
at www.safeguard.net
for up-to-date provider
listings.

| | | |
|--|--|------------------------|
| Your Name (Please Print) <i>Geneane Merritt</i> | Your Signature <i>Geneane Merritt</i> | Date <i>10-5-09</i> |
|--|--|------------------------|

*** ERROR TX REPORT ***

TX FUNCTION WAS NOT COMPLETED

TX/RX NO 1587
RECIPIENT ADDRESS 92812614238
DESTINATION ID
ST. TIME 01/06 11:03
TIME USE 00'37
PAGES SENT 0
RESULT NG



HUMAN RESOURCES and ORGANIZATIONAL DEVELOPMENT

EDWARD G. WILLIAMS, Ph.D., DIRECTOR OF HUMAN RESOURCES
1522 TEXAS PARKWAY MISSOURI CITY, TEXAS 77489

FACSIMILE TRANSMITTAL

Recipient: Capt. Merritt
Recipient Fax: 281-261-4238
From: Toni McCullough-Moore ext. 8684
HR/OD Technician
Date: Jan. 6, 2010
Pages: 5, including this cover sheet
Subject: Vision Benefit Details
Group Name & #: City of Missouri City/5995

COMMENTS:

Following are benefit details for yourself
regarding vision plan.
1/7/10

*** ERROR TX REPORT ***

TX FUNCTION WAS NOT COMPLETED

TX/RX NO 1586
RECIPIENT ADDRESS 92812614238
DESTINATION ID
ST. TIME 01/06 11:01
TIME USE 00'37
PAGES SENT 0
RESULT NG



HUMAN RESOURCES and ORGANIZATIONAL DEVELOPMENT

EDWARD G. WILLIAMS, Ph.D., DIRECTOR OF HUMAN RESOURCES
1522 TEXAS PARKWAY MISSOURI CITY, TEXAS 77489

FACSIMILE TRANSMITTAL

Recipient:

✓ Capt. Merritt

Recipient Fax:

281-261-4238

From:

Toni McCullough-Moore ext. 8684
HR/OD Technician

Date:

Jan. 6, 2010

Pages:

___, including this cover sheet

Subject:

Vision Benefit Details
Group Name & #: City of Missouri City/5995.

COMMENTS:

Following are benefit details for yourself
regarding vision plan.

OptumHealthBankSM

OptumHealthBank.com Toll-free phone: 1-866-234-8913

HEALTH SAVINGS ACCOUNT (HSA) APPLICATION

To avoid processing delays, please complete all fields on this application — starred fields (*) are required.

Mail your completed application
(and opening deposit, if applicable) to:
OptumHealth Bank, P.O. Box 30777, Salt Lake City, UT 84130

Or fax both sides of this form to: 800-765-6766
and mail opening deposit, if applicable, separately to:
OptumHealth Bank, P.O. Box 271629, Salt Lake City, UT 84127

PART 1: PERSONAL INFORMATION — ACCOUNT HOLDER

11/7/11/75/147

* Social Security # / Tax Identification # _____

* Date of Birth (mm/dd/yyyy) _____ *12*

* First Name *Genevieve* Middle Initial *R* * Last Name *Merritt*

* Street Address (cannot be a PO box) _____

Mailing Address (if different than street address) _____

* Home phone # *117/1175* Work phone # *(281) 403-8715* ext. _____

Verification Code (such as your Mother's Maiden Name) to be Used for Security Purposes — Up to 10 Letters *13C* Email Address _____ *137*

PART 2: REQUEST FOR ADDITIONAL DEBIT CARD (OPTIONAL)

You will receive a Health Savings Account MasterCard® Prepaid Debit Card. If you wish to request a Health Savings Account CardSM for use by an authorized user — either your spouse or another eligible dependent — please complete the section below.

Authorized User's First Name _____ Middle Initial _____ Last Name _____

Date of Birth (mm/dd/yyyy) [][] / [][] / [][][][] Social Security # / Tax Identification # [][][] - [][] - [][][][]

If Address is Same as Account Holder, check here Mailing Address _____ City _____ State _____ ZIP _____

PART 3: HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)/MEDICAL PLAN INFORMATION

* Medical Insurance Company or Carrier *Blue Cross Blue Shield* * Medical Insurance Plan or Group # *010539*

HDHP Member Identification # (you may find this on your ID card) _____ * HDHP Effective Date *09 / 27 / 2009*

Who is Covered? (check one): Individual Family (Individual + Dependent(s))

* Are you Enrolling in an HSA through your Employer? (check one): Yes No If Yes, Provide your Employer's Name: *City of Missouri City*

PER THE USA PATRIOT ACT:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open the account, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

| | | |
|---|------------------|---------|
| Form of Identification (check one): <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Passport | Identification # | State (|
|---|------------------|---------|

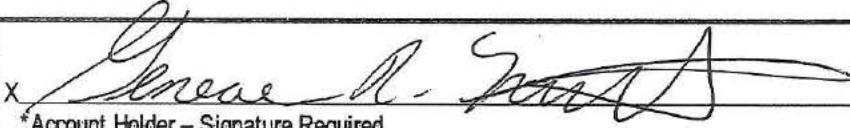
PART 4: BENEFICIARY INFORMATION (OPTIONAL)

If you do not designate otherwise, your estate will be the beneficiary of your HSA upon your death. To designate an alternative beneficiary, please complete a Designation of Beneficiary form, available on OptumHealthBank.com or request one from customer service, toll-free at 1-866-234-8913.

PART 5: REQUIRED SIGNATURE (Please Read Before Signing)

By signing below, I acknowledge that:

- I wish to establish an HSA with OptumHealth Bank as custodian.
- I understand and agree that my HSA will be opened under and governed by OptumHealth Bank's Custodial and Deposit Agreement. Terms of this agreement will be binding on me unless I close my account within 30 days. This document will be sent to me when my account is opened, along with OptumHealth Bank's Privacy Policy and Schedule of Fees.
- I authorize OptumHealth Bank to provide information about my HSA, including my account number, to my employer (if applicable) and those acting on behalf of my employer or OptumHealth Bank (if applicable), in connection with the establishment and maintenance of my HSA.
- I acknowledge that my employer and all others acting on behalf of my employer (if applicable), may provide information on my behalf to establish and maintain my HSA.
- I understand my monthly account statements will be made available to me electronically. I agree to notify OptumHealth Bank if I wish to have statements mailed to my home address.
- If I have filled out the information to request an additional debit card, I hereby request OptumHealth Bank to issue a debit card on my account to the person indicated and I acknowledge I will be liable for the use of the debit card by the Authorized User.
- I certify that the information provided in this application is true and complete.

| | |
|---|----------|
|  | 10-5-09. |
| *Account Holder - Signature Required | Date |
| IMPORTANT: We cannot process this application without your signature. | |

PART 6: OPENING DEPOSIT

Opening deposit enclosed with application (if applicable) (check one): Yes No Amount: \$ _____

If you are an individual mailing an opening deposit for your own HSA, please write your name and social security number on the check.

CITY OF MISSOURI CITY
Display Benefit Information

| | | | |
|------------------------------|---|----------|-----------------------|
| Employee | : | 10032 | MERRITT, GENEANE |
| Benefit code | : | I2 | CITY HSA-EMP/OTHER BW |
| Date last received | : | 10/16/09 | |

| | | | |
|-----------------------------------|---|---------|------------|
| Amount | : | .00 | 93.75 * |
| Percentage | : | .000 | .000 * |
| Maximum per check | : | .00 | .00 * |
| Maximum per year | : | .00 | 2,250.00 * |
| Reference | : | | |
| Start date | : | 0/00/00 | |
| End date | : | 0/00/00 | |
| Priority | : | 2 | |
| Include in net earnings | : | | |
| Status | : | | I=Inactive |

Effective date : 9/27/09

Press Enter to continue.

F3=Exit F12=Cancel

CITY OF MISSOURI CITY



Benefits Enrollment Form HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

| | | |
|-------------------------------|--------------------------|----------------------|
| Name: <u>Genevieve Moritz</u> | Social Security #: _____ | <u>11/7/1975/147</u> |
| Title: <u>CAPTAIN</u> | Date of Birth: _____ | |
| Date of Hire: <u>9-27-09</u> | Effective Date: _____ | |
| Salary: <u>79,400</u> | | |

City of Missouri City provides, at no cost to you, the following coverage:

- **Basic Life Insurance** in the amount of \$50,000. Please see your HR/OD Department for further information.
- **Basic Accidental Death & Dismemberment Insurance** in the amount of \$50,000. Please see your HR/OD Department for further information.
- **Long Term Disability (LTD) insurance** helps to replace your income if you are sick or injured and cannot work. This coverage begins after you have been disabled for a predetermined waiting period, known as an elimination period, of 90 days and provides income protection to replace up to 66.67% of your regular pay to a maximum monthly benefit of \$5,000.

The following costs should be calculated based on your age and annual salary as of your effective date of coverage:

Supplemental Life/AD&D Insurance – Employee

You have the opportunity to enroll in City of Missouri City's Supplemental Life/AD&D Insurance plan. Your election may be made in increments of \$10,000, to a maximum of 7 times salary or \$300,000, whichever is less. If you elect an amount that exceeds the guaranteed issue amount of \$100,000, you will be required to provide evidence of insurability that is satisfactory to Hartford Life before the excess can become effective. **You must complete the Beneficiary Designation section below.**

Use the rate chart and calculation line below to determine your Semi-Monthly (24) cost for this coverage.*

| Age | Under 25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75+ |
|------|----------|--------|--------|---------|---------|--------|---------|---------|---------|--------|--------|---------|
| Rate | \$0.05 | \$0.05 | \$0.05 | \$0.065 | \$0.095 | \$0.16 | \$0.235 | \$0.385 | \$0.435 | \$0.80 | \$1.30 | \$4.265 |

- I elect to enroll in the Supplemental Life/AD&D plan at the Semi-Monthly (24) cost below.*
- I elect to decline the Supplemental Life/AD&D plan.

\$ _____ ÷ \$1,000 = \$ _____ × \$ _____ = \$ _____

Elected Benefit Amount Rate Above Your Semi-Monthly (24) Cost*

*Note: Benefit reductions begin at age 65. Please see your HR/OD Department for further information.

Supplemental Life Insurance – Spouse and/or Child(ren)

If you elect the Supplemental Life plan for yourself, you may elect Supplemental Life coverage for your spouse and/or child(ren).

Spouse Benefit: \$10,000.
Child(ren) Benefit: 15 Days to 6 months \$500.
6 months to 25 years \$5,000.

Payroll deductions are \$0.615 per paycheck and cover any and all eligible Dependents, regardless of the number of children covered.

- I elect to enroll my spouse in the Supplemental Life plan.
- I elect to decline the Supplemental Life plan for my spouse.

SPOUSE:

| First Name | Last Name | Gender | Date of Marriage | Date of Birth |
|------------|-----------|--------|------------------|---------------|
| | | | | |

PLEASE SIGN AND RETURN THIS FORM TO YOUR BENEFIT ADMINISTRATOR.

Employee Name Genevieve Merrill

- I elect to enroll my Dependent Child(ren) in the Supplemental Life plan.
- I elect to decline the Supplemental Life plan for my Dependent Child(ren).

CHILD:

| First Name | Last Name | Gender | Date of Birth |
|------------|-----------|--------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

Beneficiary Designation

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, relationship, date of birth and distribution percentage. If the beneficiary is not related either by blood or by marriage, insert the words, "Not Related" next to their stated relationship. If you need assistance, contact your HR/OD Department or your own legal counsel. Following are examples of the most common designations:

Primary:

- Mary J. Doe, Wife (not Mrs. John Doe).

Contingent:

- Joseph W. Doe, Son and Jane Doe, Daughter, in equal shares (50%).
- Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example "33% to Mary Jones, Mother, and 67% to Edith Jones, Wife."

| | | | SSN | Relationship | D.O.B. | % |
|------------|--|--|-----|--------------|--------|---|
| Primary | | | | | | |
| Contingent | | | | | | |
| | | | | | | |
| | | | | | | |

11/7/1175

The beneficiary for life insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise the estate of the spouse and children, subject to policy provisions. A beneficiary for employee Life Insurance may be changed upon written request.

Employee Confirmation

I have been given the opportunity to enroll in City of Missouri City's Group Long Term Disability and Supplemental Life/AD&D Insurance plans. I understand that if I decline now, but later decide to enroll, I will be required to provide evidence of insurability, at my own expense, that is satisfactory to Hartford Life and understand my request for coverage may be denied.

I authorize my employer to make the appropriate payroll deductions from my wages on a post-tax basis. I am not now disabled and I am performing all the duties of my occupation on a full-time basis. I am aware that if participation requirements are not met, this plan will not be implemented and the coverage elected will not be in force.

I am aware that if participation requirements are not met, this plan will not be implemented and the coverage elected will not be in force.

Signature:  Date: 10-30-09



FORT DEARBORN LIFE
Insurance Company®
Chicago, Illinois

New Enrollment Change

Enrollment Form

Administrative Offices: Downers Grove, Illinois | Cleveland, Ohio | Dallas, Texas

EMPLOYER: If group is self-administered, submit enrollment form **only** if evidence of insurability is required. If group is not self administered, submit enrollment form to us.

| | | | | | |
|--|--------------------------------------|--------------------------------------|---|------------------------------------|--|
| EMPLOYEE NAME - LAST <i>Merritt</i> | FIRST <i>Genevieve</i> | MIDDLE INITIAL <i>L</i> | SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/> | DATE OF BIRTH <i>10-1-1971</i> | DATE OF HIRE (FULL TIME) <i>9-27-09</i> |
| SOCIAL SECURITY NO. (THIS IS YOUR CERTIFICATE NO.) | | EARNINGS \$ <i>79,424.45</i> | <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Annual | JOB TITLE <i>Police Captain</i> | CLASS |
| EMPLOYER <i>CITY OF MISSOURI CITY</i> | GROUP NO./ACCOUNT NO. <i>1361</i> | LOCATION <i>MISSOURI CITY, TX</i> | | | |

COVERAGE SELECTION: Your non-medical group insurance program may not include all the benefits listed below. Ask your employer for the details about the benefits available to you, your cost, if any, and whether you will be required to complete a health questionnaire.

| BASIC COVERAGE(S) | | | | Supplemental Life | Supplemental AD&D | Other |
|--|--|--|--|--|--|--|
| Basic Life/AD&D <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | STD Benefit <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | LTD Benefit <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Dependent Life <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Del. \$ _____ | <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Del. \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |

| VOLUNTARY COVERAGE(S) (Evidence of Insurability may be required on employee and spouse Life and Critical Illness Insurance) | (A)dd (C)hange (D)elete | Total Amount of Coverage Applied for | If (C), my prior coverage was |
|---|-------------------------|--------------------------------------|-------------------------------|
| Voluntary Term Life: Employee <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| Voluntary Term Life: Spouse <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| Voluntary Term Life: Dependent Child(ren) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| Voluntary AD&D: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input checked="" type="checkbox"/> NO | | | |
| Voluntary Short-Term Disability - Incremental <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| Voluntary Short-Term Disability - % of Earnings <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| Voluntary Long-Term Disability - Incremental <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| Voluntary Long-Term Disability - % of Earnings <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |

| | | | | | |
|-----------------------------------|-------|------|--|----------------------|--------------------------|
| SPOUSE NAME - LAST (if applicant) | FIRST | M.I. | SEX M <input type="checkbox"/> F <input type="checkbox"/> | SPOUSE DATE OF BIRTH | SPOUSE SOCIAL SECURITY # |
|-----------------------------------|-------|------|--|----------------------|--------------------------|

| | |
|---|---|
| Has Employee (if applicant) used cigarettes or other tobacco products in the last 2 years? <input type="checkbox"/> YES <input type="checkbox"/> NO | Has Spouse (if applicant) used cigarettes or other tobacco products in the last 2 years? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|---|

*** Review the following guidelines which apply to voluntary coverage(s)**

- You may enroll, apply for additional coverage, or request a change to current voluntary benefits only during a scheduled enrollment period.
- If you are eligible for state-mandated temporary disability benefits, or any employer sponsored income replacement benefits, the combination of your state mandated benefit or other income benefit and your STD weekly benefit may not exceed 60% of your basic weekly earnings.
- New Voluntary STD plans and benefit increases are subject to a 12/12 pre-existing condition limitation (3/12 in PA).
- Your Voluntary LTD and/or Voluntary STD benefit for incremental plans may not exceed 60% of your basic earnings (excluding bonuses, overtime and any extra compensation other than commissions).
- New Voluntary LTD plans and benefit increases are subject to a pre-existing condition limitation. Your certificate of coverage will fully explain this limitation.
- If your earnings are based in whole or in part on commissions, commissions will be averaged over the 12-month period prior to the date disability begins.

BENEFICIARY DESIGNATION (For Employee Only: Must Be Completed if you have applied for life or AD&D insurance) If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100%. (Employee is the beneficiary of proceeds from spouse or child coverage.)

| | | |
|--------------------------|-------------|---------|
| FIRST NAME | PERCENTAGE | TYPE |
| <i>Genevieve Merritt</i> | <i>100%</i> | Primary |
| | | Primary |
| Contingent | | |

I HEREBY REQUEST TO BE INSURED AND AUTHORIZE DEDUCTIONS, IF ANY, FROM MY COMPENSATION FOR MY SHARE OF THE COST OF THE BENEFITS TO WHICH I MAY BE ENTITLED UNDER THE GROUP POLICY (IES) ISSUED TO THE EMPLOYER LISTED ABOVE. I UNDERSTAND THAT IF I AM NOT ACTIVELY AT WORK AS DEFINED IN THE POLICY ON THE DATE MY COVERAGE WOULD OTHERWISE BECOME EFFECTIVE, MY INSURANCE WILL NOT BEGIN UNTIL THE DAY I MEET THE POLICY DEFINITION OF ACTIVELY AT WORK. FOR THOSE COVERAGES I HAVE DECLINED, I UNDERSTAND THAT IF I CHOOSE TO ENROLL AT A LATER DATE, MY COST MAY BE HIGHER AND A HEALTH QUESTIONNAIRE MAY BE REQUIRED.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. (Not enforceable in OR or WA)

| | | |
|--|------------------------|------------------|
| EMPLOYEE SIGNATURE <i>Genevieve Merritt</i> | DATE <i>10.5.09</i> | FOR FDL USE ONLY |
|--|------------------------|------------------|

EMPLOYMENT HISTORY

Police Captain (Open Until Filled)

Contact Information -- Person ID: 4842325

| | | | |
|-------------------------|------------------|--------------------------|---------|
| Name: | GENEANE R HUGHES | Address: | |
| Home Phone: | | Email: | |
| Person ID: | 4842325 | Notification Preference: | Email |
| Month and Day of Birth: | 01/14 | Alternate Phone: | |
| | | Former Last Name: | Merritt |

11/7/10

Personal Information

Driver's License: Yes, 24-231-598

Can you, after employment, submit proof of your legal right to work in the United States? Yes

What is your highest level of education? Some College

Preferences

Preferred Salary: \$70,000.00 per year

Are you willing to relocate? Yes

Types of positions you will accept: Regular

Types of work you will accept: Full Time

Types of shifts you will accept: Day , Evening , Night , Rotating , Weekends

Objective

POLICE LATERAL CAPTAIN EMPLOYMENT

Education

| | |
|---|--|
| College AXIA UNIVERSITY OF PHOENIX 2/2007 - 7/2011 PHILADELPHIA, Pennsylvania | Did you graduate: No College Major/Minor: EDUCATION Degree Received: No Degree |
|---|--|

Work Experience

| | |
|---|--|
| POLICE SERGEANT 4/1999 - 3/2009 CITY OF PHILADELPHIA 401 N.21ST PHILADELPHIA, Pennsylvania 19119 (215) 686-1776 | Hours worked per week: 40 Monthly Salary: \$4,500.00 # of Employees Supervised: 20 Name of Supervisor: LT. bARTORILLA - LIEUTENANT May we contact this employer? Yes |
|---|--|

Duties

SUPERVISE 15-25 POLICE OFFICERS WORKING STREET DUTY.

Reason for Leaving

STILL EMPLOYED

Certificates and Licenses

Type: P.O.S.T.
Number:
Issued by:
Date Issued: 11 /1999 Date Expires: 7 /2011

Skills

Office Skills

Typing: 70

Data Entry: 0

Additional Information**References**

Professional

JOHNSON, SYLVESTER
RETIRED POLICE COMMISSIONER
PHILADELPHIA, Pennsylvania 19100
(215) 301-3113

Professional

LANCIANO, JOSEPH
SERGEANT
Philadelphia, 19100
(215) 685-1100

Professional

FITZGERALD, JOEL
CHIEF OF POLICE
MISSOURI CITY, Texas
(267) 228-3707

Resume**Text Resume****Attachments****Agency-wide Questions**

1. Q: Have you ever worked for the City of Missouri City?

A: No

2. Q: If yes, list dates below; From (mm/yyyy) to (mm/yyyy)

A:

3. Q: If requested, can you provide proof of your eligibility to work in the United States?

A: Yes

4. Q: Do you have relatives working for the City of Missouri City?

A: No

5. Q: If yes, please list names, relationships, departments and position.

A:

6. Q: Have you ever been convicted or pled guilty to any crime?

A: No

7. Q: If yes, please explain, include location, dates, and final adjudication

A:

8. Q: Are you able to meet the Time and Attendance requirements associated with the position for which you have applied, if applicable?

A: Yes

9. Q: If no, please explain:

A:

10. Q: How did you find out about this position?

A: www.hotjobs.yahoo.com

Supplemental Questions

1. Q: Do you have a high school diploma or equivalent?

A: Yes

2. Q: Do you have a least two (2) years of professional experience as a sergeant or lieutenant in a state certified police agency?

A: Yes

3. Q: Do you hold, or are you able to secure a Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) Certificate?

A: Yes

4. Q: Do you have a valid Class C Driver's License?

A: Yes

5. Q: Have you received any "moving" violation citation within the past 12 months?

A: No

6. Q: If yes to question #5, please indicate how many tickets you received in the past 12 months?

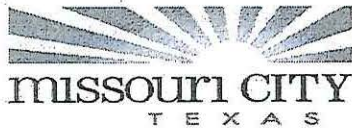
A: 0

7. Q: Do you have a brother, sister, parent, step-parent, grandparent, aunt, uncle, niece, nephew, grandson, granddaughter, mother-in-law, father-in-law, or significant other, currently working for the City of Missouri City's Police Department?

A: No

8. Q: The review team will consider your application incomplete if you do not attach a professional resume with your application. Have you attached a resume to your application?

A: Yes



DEPARTMENT OF HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT

EMPLOYEE MANDATORY OR RANDOM DRUG TESTING CONSENT FORM

I understand that I may, from time to time, be asked to provide a specimen for testing to determine if I have used drugs or alcohol. I UNDERSTAND THAT I DO NOT HAVE TO PROVIDE SUCH A SPECIMEN IF I CHOOSE NOT TO DO SO, BUT THAT MY REFUSAL MAY RESULT IN DISCIPLINARY ACTION, INCLUDING DISMISSAL. FURTHERMORE, I UNDERSTAND THAT A CONFIRMED POSITIVE TEST MAY RESULT IN DISCIPLINARY ACTION, INCLUDING DISMISSAL.

I hereby give consent to and authorize the City of Missouri City ("City") and its agents, servants, employees and/or physicians chosen by the City to take specimens at random intervals and to release same to a testing laboratory, hospital, other person or service for testing. I hereby give consent to and authorize the City and its agents, servants, employees and/or physicians chosen by the City and any such testing laboratory, hospital, person or service to conduct such random drug tests and to release the results of the tests or other information concerning the specimen to the City, or to another testing laboratory, hospital, person or service to conduct further or confirming tests.

I understand that if there should be a positive test result that a confirming second test, involving the use of gas chromatography/gas spectrometry methodology, will be performed at the City's expense using a portion of the same test sample withdrawn initially.

I CONSENT TO PROVIDE A SPECIMEN FOR USE IN THE MANNER DESCRIBED HEREIN.

[Handwritten Signature]
Employee Signature

[Handwritten Date: August 21, 2009]
Date

GENEVIVE Hughes (Marriott)
Print Name

I DO NOT CONSENT TO PROVIDE A SPECIMEN.

Employee Signature

Date

Print Name

[Handwritten Signature]
Witness Signature

[Handwritten Date: 8-21-09]
Date

Capt. Capps witnessed.

RECEIVED

AUG 23 2009

Missouri City Police Department

Interview Board Questions

Police Applicants

June 6, 2009

8
8
8
9
8

Date: 6-6-2009

Applicant: Genevieve Hughes

Evaluator: A. SANTOS

Score: _____

Board Scores



Low Score

High Score

Average Score

41

Sgt ^{1/2} 11/25
Army
worked - patrol
then - vice - 3yrs.
Prostitution - stings.
Promoted - corporal
over 15-20 ofcs
CIT - Training
Divorced 4 children
In college need zero
for Assoc.
All family in Philly
Missouri borders - FL

While on patrol you receive a call of a disturbance in a rundown neighborhood. When you arrive you observe a young female, about sixteen years of age, pointing a pistol at a man lying on the ground. As you exit your patrol car you hear the man crying "don't shoot" and you hear the girl say, "so long, sucker." You are roughly twenty feet from the girl. What should you do?

1.....2.....3.....4.....5.....6.....7.....(8).....9.....10

| A | B | C |
|---|---|--|
| <p>Evasive</p> <p>Shoot her immediately</p> | <p>Issues verbal commands</p> <p>Continues to issue verbal commands</p> <p>Would ultimately shoot suspect if didn't surrender</p> <p>Summon back-up</p> <p>Limited discussion</p> | <p>Issue verbal commands</p> <p>✓ Take / maintain cover</p> <p>✓ Call back-up before ever exiting car</p> <p>✓ Comments on reading body language – impacts decision</p> <p>✓ Recognizes responsibility to protect victim on ground</p> <p>Would not let much time elapse before shooting if suspect keeps gun pointed directly at victim</p> <p>✓ Recognizes it is a very dynamic situation – but understands victim's life is at great risk – must take action pretty quick</p> |

- call back up
- talked suspect down or take action
- age doesn't matter

122

You are a patrol officer assigned to the 10 pm – 6 am shift. At approximately 11:30 pm you are dispatched to a residential address regarding a loud music call. When you arrive you park in front of an adjacent house and as you exit your car you can hear the “very loud” music coming from the target house. You go to the house and knock on the front door but get no response. You ring the doorbell and get no response. About this time MCPD dispatch radios you that they have received four more complaints on the loud music. What are you going to do?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

| A | B | C |
|--|--|--|
| <p>No answer at door – clear scene</p> <p>Force door</p> | <p>Keep knocking ✓</p> <p>Obtain phone number for house and try it ✓</p> <p>Check cars in driveway</p> | <p>Includes most of responses in column B</p> <p>✓Walk around entire house if possible – knocking on windows, rear door etc.</p> <p>Look into house through windows if possible for people inside – are they okay, possible medical problem etc.</p> <p>✓Check with neighbors for possible help – have key and permission to enter. Know relative they can call</p> <p>Find unsecure door – holler loud, blow whistle</p> <p>✓Use car siren in driveway</p> <p>✓Use car spotlight on house windows</p> <p>Consider short break in power supply – aware of concerns with this though</p> <p>✓No luck – close patrol and inform complainants</p> |

Knock door
 neighbors contact
 get info / intel
 history
 call pmt
 ask supv to ck
 if they dont open
 door leave
 notice.
 Follow up during
 day

You are a patrol officer assigned to the evening shift, 2 pm – 10 pm. At approximately 6:30 pm you receive a call of a suspicious person walking and jogging along a major street. Dispatch tells you that the person is acting strange, i.e. dancing, apparently talking to himself, waving and grinning at passing motorists, and twirling a plastic bag around. Several callers express concern that the subject may be a danger to himself. What will you do?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

| A | B | C |
|--|--|---|
| <p>Take no action – no violation</p> <p>No justification for contact</p> | <p>Contact subject</p> <p>Talk to him – check mental state</p> <p>Check for possible intoxication – alcohol or drugs</p> | <p>Includes most of responses in column B</p> <p>Upon arrival, sit back and observe actions for a minute if possible</p> <p>Check subject via computer for wanted, i.e. missing mental person etc.</p> <p>Offer ride home if possible</p> <p>Contact friend or family member if possible</p> <p>Recognizes subject may simply be eccentric – no violation/s, no illness – caution subject to stay out of road</p> |

Talk to individual
 - determine medical condition
 - ask him if he has weapons

You are a patrol officer assigned to the evening shift, 2 pm – 10 pm. At approximately 8:00 pm you are dispatched to a domestic disturbance call. When you arrive you are greeted at the front door by a very emotionally upset female. She tells you that her and her husband have been arguing and she wants to leave because she simply can't deal with his harassment anymore. She says that her husband won't give her their one-year-old son. She asks you to assist her. What will you do?

1.....2.....3.....4.....5.....6.....7.....8.....**9**.....10

| A | B | C |
|--|---|--|
| <p>Take child from husband</p> <p>No violation – no action</p> | <p>Separate parties – talk to both</p> <p>Investigate sufficiently to determine if crime has occurred – no crime, leave</p> <p>Counsel parties to behave</p> <p>Limited actions / analysis</p> | <p>Includes most responses from column B</p> <p>Make sure child is okay</p> <p>Verify status of relationship regarding legal right to child</p> <p>Recognizes both parents have equal right to child</p> <p>Mediate – try to get parties to reach mutual solution</p> <p>Explain it's a civil action – refer to attorney for long term solution</p> <p>Protect both parties rights as best as possible</p> <p>Comprehensive understanding of situation</p> |

- Arrival
 - weapons
 - determine if medical Atty needed
 - mental?
 - Separate

You are a patrol officer assigned to the 10 pm – 6 am shift. When you get off duty one morning you stop by a local convenience store to pick up a loaf of bread and a half-gallon of milk to take home. As prepare to pay the clerk tells you the cost is \$1.00. You realize the clerk is giving you a “discount.” What will you do?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

| A | B | C |
|-------------------|--|--|
| Pay \$1 and leave | Accept discount – thank clerk | <input checked="" type="checkbox"/> Offer to pay regular price |
| Evasive remarks | <input checked="" type="checkbox"/> Offer to pay regular price | <input checked="" type="checkbox"/> Recognizes complexity of issue – takes a position |
| | Understands may be a issue | <input checked="" type="checkbox"/> Recognizes department policy impacts issue |
| | | <input checked="" type="checkbox"/> Recognizes ethical concerns |
| | | Comments on public perception |
| | | Recognizes potential pitfalls |
| | | <input checked="" type="checkbox"/> Will accept discount rather than have a scene in store – will probably avoid store in future |
| | | Comprehensive response |

Refuse & offer to f

Missouri City Police Department

Interview Board Questions

Police Applicants

June 6, 2009

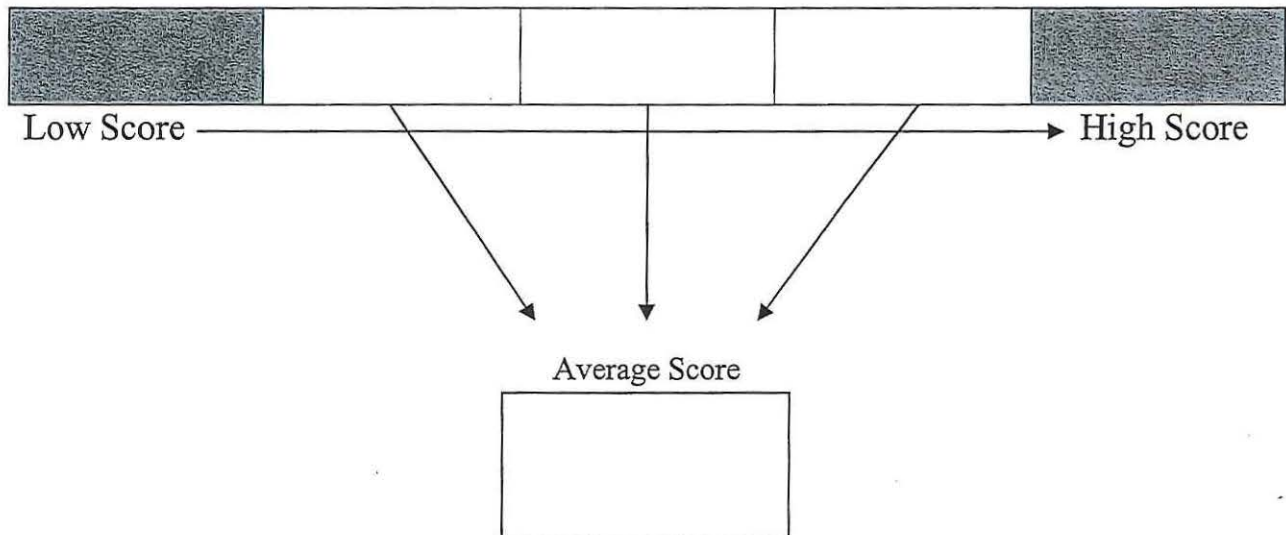
Date: JUNE 06, 2009

Applicant: GENEANE HUGHES

Evaluator: D. AVERA

Score: 42

Board Scores



122

While on patrol you receive a call of a disturbance in a rundown neighborhood. When you arrive you observe a young female, about sixteen years of age, pointing a pistol at a man lying on the ground. As you exit your patrol car you hear the man crying "don't shoot" and you hear the girl say, "so long, sucker." You are roughly twenty feet from the girl. What should you do?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

| A | B | C |
|--------------------------------------|--|---|
| Evasive Shoot her immediately | Issues verbal commands Continues to issue verbal commands Would ultimately shoot suspect if didn't surrender Summon back-up Limited discussion | Issue verbal commands Take / maintain cover ✓ Call back-up before ever exiting car ✓ Comments on reading body language – impacts decision ✓ Recognizes responsibility to protect victim on ground Would not let much time elapse before shooting if suspect keeps gun pointed directly at victim Recognizes it is a very dynamic situation – but understands victim's life is at great risk – must take action pretty quick |

NO OTHER JUDG
 RADIO DIS.
 OBSERVE F/M & J/T
 IF APPROX TO SHOOT - I WILL SHOOT

TAKE COVER
 WRITING FOR BACKUP

122

You are a patrol officer assigned to the 10 pm – 6 am shift. At approximately 11:30 pm you are dispatched to a residential address regarding a loud music call. When you arrive you park in front of an adjacent house and as you exit your car you can hear the “very loud” music coming from the target house. You go to the house and knock on the front door but get no response. You ring the doorbell and get no response. About this time MCPD dispatch radios you that they have received four more complaints on the loud music. What are you going to do?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

| A | B | C |
|---|---|--|
| No answer at door – clear scene Force door | Keep knocking ✓ Obtain phone number for house and try it ✓ Check cars in driveway | Includes most of responses in column B Walk around entire house if possible – knocking on windows, rear door etc. ✓ Look into house through windows if possible for people inside – are they okay, possible medical problem etc. Check with neighbors for possible help – have key and permission to enter. Know relative they can call ✓ NORMAL? Find unsecure door – holler loud, blow whistle Use car siren in driveway Use car spotlight on house windows Consider short break in power supply – aware of concerns with this though No luck – close patrol and inform complainants |

CARL J. VIGOR
LEAVE PAPERWORK
GO BACK LATER

122

You are a patrol officer assigned to the evening shift, 2 pm – 10 pm. At approximately 6:30 pm you receive a call of a suspicious person walking and jogging along a major street. Dispatch tells you that the person is acting strange, i.e. dancing, apparently talking to himself, waving and grinning at passing motorists, and twirling a plastic bag around. Several callers express concern that the subject may be a danger to himself. What will you do?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

| A | B | C |
|--|--|---|
| <p>Take no action – no violation</p> <p>No justification for contact</p> | <p><input checked="" type="checkbox"/> Contact subject</p> <p><input checked="" type="checkbox"/> Talk to him – check mental state</p> <p>Check for possible intoxication – alcohol or drugs</p> | <p>Includes most of responses in column B</p> <p>Upon arrival, sit back and observe actions for a minute if possible</p> <p>Check subject via computer for wanted, i.e. missing mental person etc.</p> <p><input checked="" type="checkbox"/> Offer ride home if possible</p> <p>Contact friend or family member if possible</p> <p>Recognizes subject may simply be eccentric – no violation/s, no illness – caution subject to stay out of road</p> |

Keep distance
Radio
Asc for weapons + meds

You are a patrol officer assigned to the evening shift, 2 pm – 10 pm. At approximately 8:00 pm you are dispatched to a domestic disturbance call. When you arrive you are greeted at the front door by a very emotionally upset female. She tells you that her and her husband have been arguing and she wants to leave because she simply can't deal with his harassment anymore. She says that her husband won't give her their one-year-old son. She asks you to assist her. What will you do?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

| A | B | C |
|--|--|--|
| <p>Take child from husband</p> <p>No violation – no action</p> | <p>Separate parties – talk to both ✓</p> <p>Investigate sufficiently to determine if crime has occurred – no crime, leave ✓</p> <p>Counsel parties to behave</p> <p>Limited actions / analysis</p> | <p>Includes most responses from column B</p> <p>Make sure child is okay</p> <p>Verify status of relationship regarding legal right to child</p> <p>Recognizes both parents have equal right to child</p> <p>Mediate – try to get parties to reach mutual solution</p> <p>Explain it's a civil action – refer to attorney for long term solution</p> <p>Protect both parties rights as best as possible</p> <p>Comprehensive understanding of situation</p> |

RAD 10

You are a patrol officer assigned to the 10 pm – 6 am shift. When you get off duty one morning you stop by a local convenience store to pick up a loaf of bread and a half-gallon of milk to take home. As prepare to pay the clerk tells you the cost is \$1.00. You realize the clerk is giving you a “discount.” What will you do?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

| A | B | C |
|---|--|---|
| <p>Pay \$1 and leave</p> <p>Evasive remarks</p> | <p>Accept discount – thank clerk ✓</p> <p>Offer to pay regular price ✓</p> <p>Understands may be a issue</p> | <p>Offer to pay regular price ✓</p> <p>Recognizes complexity of issue – takes a position</p> <p>Recognizes department policy impacts issue</p> <p>Recognizes ethical concerns</p> <p>Comments on public perception ✓</p> <p>Recognizes potential pitfalls</p> <p>Will accept discount rather than have a scene in store – will probably avoid store in future</p> <p>Comprehensive response</p> |

Missouri City Police Department

1 1/2 yrs with Philly
was in the Army
currently a Sergeant
on patrol

Interview Board Questions

Police Applicants

June 6, 2009

working on associate
degree
has applied with
Miami Gardens PD
in Florida and
had been accepted.

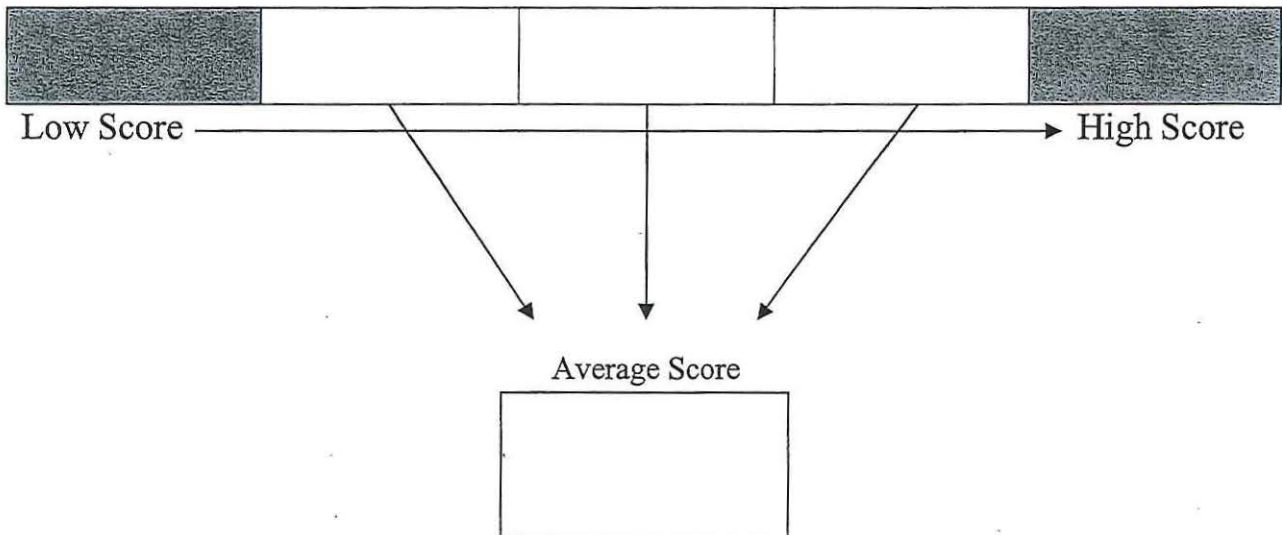
Date: June 6, 2009

Applicant: GENEANE HUGHES

Evaluator: SGT. P. ENGLISHBEE

Score: 48

Board Scores



While on patrol you receive a call of a disturbance in a rundown neighborhood. When you arrive you observe a young female, about sixteen years of age, pointing a pistol at a man lying on the ground. As you exit your patrol car you hear the man crying "don't shoot" and you hear the girl say, "so long, sucker." You are roughly twenty feet from the girl. What should you do?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

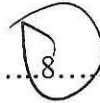
| A | B | C |
|---|---|---|
| <p>Evasive</p> <p>Shoot her immediately</p> | <p>Issues verbal commands ✓</p> <p>Continues to issue verbal commands ✓</p> <p>Would ultimately shoot suspect if didn't surrender ✓</p> <p>Summon back-up ✓</p> <p>Limited discussion</p> | <p>Issue verbal commands ✓</p> <p>Take / maintain cover ✓</p> <p>Call back-up before ever exiting car ✓</p> <p>Comments on reading body language – impacts decision</p> <p>Recognizes responsibility to protect victim on ground ✓ <i>yes</i></p> <p>Would not let much time elapse before shooting if suspect keeps gun pointed directly at victim ✓</p> <p>Recognizes it is a very dynamic situation – but understands victim's life is at great risk – must take action pretty quick ✓</p> |

Radio - advise of location and what she has observed.

age does not have a factor - ✓

You are a patrol officer assigned to the 10 pm – 6 am shift. At approximately 11:30 pm you are dispatched to a residential address regarding a loud music call. When you arrive you park in front of an adjacent house and as you exit your car you can hear the “very loud” music coming from the target house. You go to the house and knock on the front door but get no response. You ring the doorbell and get no response. About this time MCPD dispatch radios you that they have received four more complaints on the loud music. What are you going to do?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10



| A | B | C |
|---|--|--|
| <p>No answer at door – clear scene</p> <p>Force door ^{or window} - on 2nd day if music is still playing</p> <p>Make sure no one is injured</p> <p>Would call out supervisor and let him/her know what's going on.</p> <p>* possible issue citation - good</p> <p>* possibly have a liaison officer with them</p> | <p>Keep knocking ✓</p> <p>Obtain phone number for house and try it ✓</p> <p>Check cars in driveway</p> | <p>Includes most of responses in column B</p> <p>Walk around entire house if possible – knocking on windows, rear door etc. ✓ prompt</p> <p>Look into house through windows if possible for people inside – are they okay, possible medical problem etc. ✓ prompt</p> <p>Check with neighbors for possible help – have key and permission to enter. Know relative they can call ✓ find out any info from neighb.</p> <p>Find unsecure door – holler loud, blow whistle</p> <p>Use car siren in driveway } prompt</p> <p>Use car spotlight on house windows } prompt</p> <p>Consider short break in power supply – aware of concerns with this though</p> <p>No luck – close patrol and inform complainants</p> |

You are a patrol officer assigned to the evening shift, 2 pm – 10 pm. At approximately 6:30 pm you receive a call of a suspicious person walking and jogging along a major street. Dispatch tells you that the person is acting strange, i.e. dancing, apparently talking to himself, waving and grinning at passing motorists, and twirling a plastic bag around. Several callers express concern that the subject may be a danger to himself. What will you do?

- 1.....2.....3.....4.....5.....6.....7.....8.....9.....10

| A | B | C |
|--|--|---|
| <p>Take no action – no violation</p> <p>No justification for contact</p> | <p>Contact subject ✓</p> <p>Talk to him – check mental state</p> <p>Check for possible intoxication – alcohol or drugs</p> | <p>Includes most of responses in column B ✓</p> <p>Upon arrival, sit back and observe actions for a minute if possible ✓</p> <p>Check subject via computer for wanted, i.e. missing mental person etc. ✓</p> <p>Offer ride home if possible ✓</p> <p>Contact friend or family member if possible</p> <p>Recognizes subject may simply be eccentric – no violation/s, no illness – caution subject to stay out of road</p> |

possibly off medication

Call for check-by officer for officer safety

possible hospital

prompt

You are a patrol officer assigned to the evening shift, 2 pm – 10 pm. At approximately 8:00 pm you are dispatched to a domestic disturbance call. When you arrive you are greeted at the front door by a very emotionally upset female. She tells you that her and her husband have been arguing and she wants to leave because she simply can't deal with his harassment anymore. She says that her husband won't give her their one-year-old son. She asks you to assist her. What will you do?

- 1.....2.....3.....4.....5.....6.....7.....8.....9.....10

| A | B | C |
|---|---|--|
| Take child from husband No violation – no action | Separate parties – talk to both ✓ | Includes most responses from column B ✓ |
| | Investigate sufficiently to determine if crime has occurred – no crime, leave ✓ | Make sure child is okay ✓ |
| | Counsel parties to behave ✓ | Verify status of relationship regarding legal right to child |
| | Limited actions / analysis | Recognizes both parents have equal right to child ✓ |
| | | Mediate – try to get parties to reach mutual solution ✓ |
| | | Explain it's a civil action – refer to attorney for long term solution |
| | | Protect both parties rights as best as possible ✓ |
| Comprehensive understanding of situation ✓ | | |

You are a patrol officer assigned to the 10 pm – 6 am shift. When you get off duty one morning you stop by a local convenience store to pick up a loaf of bread and a half-gallon of milk to take home. As prepare to pay the clerk tells you the cost is \$1.00. You realize the clerk is giving you a “discount.” What will you do?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

| A | B | C |
|---|---|--|
| <p>Pay \$1 and leave</p> <p>Evasive remarks</p> | <p>Accept discount – thank clerk</p> <p>Offer to pay regular price</p> <p>Understands may be a issue <i>yes</i></p> | <p>Offer to pay regular price</p> <p>Recognizes complexity of issue – takes a position – <i>yes</i></p> <p>Recognizes department policy impacts issue</p> <p>Recognizes ethical concerns</p> <p>Comments on public perception – <i>complaints</i></p> <p>Recognizes potential pitfalls</p> <p>Will accept discount rather than have a scene in store – will probably avoid store in future</p> <p>Comprehensive response</p> |

Missouri City Police Department

Interview Board Questions

Police Applicants

June 6, 2009

Applicant
52 miami
gardens Pd.
hired by did
not accept
job.
wants to work
for a smaller
department.

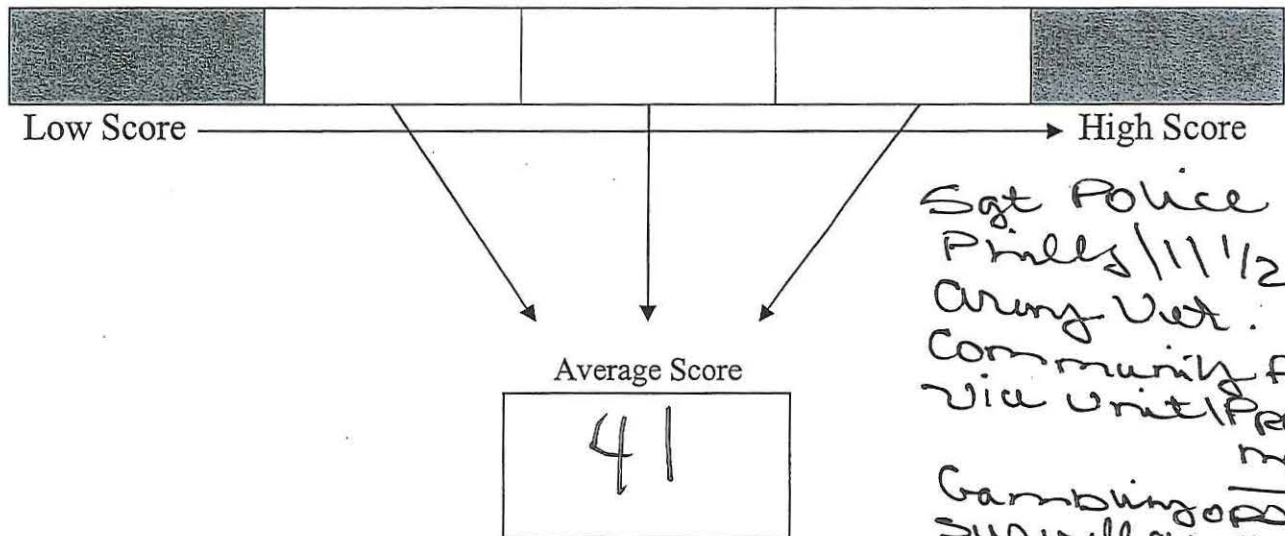
Date: 6-06-09

Applicant: Genevieve Hughes

Evaluator: R Terry

Score: _____

Board Scores



Sgt Police
Philly 11 1/2 year
Army Vet.
Community POW
via unit / Prostitute
monitor
Gambing ops
surveillance
Records / I'd unit
w/ prisoners
supervisor about
15-20 officers
Divorced
4 children

2 more credits until
she gets associates degree
1 1/2 year left w/ army
family supports more
20.11.09

While on patrol you receive a call of a disturbance in a rundown neighborhood. When you arrive you observe a young female, about sixteen years of age, pointing a pistol at a man lying on the ground. As you exit your patrol car you hear the man crying "don't shoot" and you hear the girl say, "so long, sucker." You are roughly twenty feet from the girl. What should you do?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

| A | B | C |
|---|---|--|
| <p>Evasive</p> <p>Shoot her immediately</p> | <p>Issues verbal commands</p> <p>Continues to issue verbal commands</p> <p>Would ultimately shoot suspect if didn't surrender</p> <p>Summon back-up</p> <p>Limited discussion</p> | <p>Issue verbal commands</p> <p>Take / maintain cover <i>✓ Prompt</i></p> <p>Call back-up before ever exiting car <i>✓</i></p> <p>Comments on reading body language – impacts decision <i>✓</i></p> <p>Recognizes responsibility to protect victim on ground <i>✓</i></p> <p>Would not let much time elapse before shooting if suspect keeps gun pointed directly at victim <i>✓</i></p> <p>Recognizes it is a very dynamic situation – but understands victim's life is at great risk – must take action pretty quick</p> |

You are a patrol officer assigned to the 10 pm – 6 am shift. At approximately 11:30 pm you are dispatched to a residential address regarding a loud music call. When you arrive you park in front of an adjacent house and as you exit your car you can hear the “very loud” music coming from the target house. You go to the house and knock on the front door but get no response. You ring the doorbell and get no response. About this time MCPD dispatch radios you that they have received four more complaints on the loud music. What are you going to do?

- 1.....2.....3.....4.....5.....6.....7.....8.....9.....10

| A | B | C |
|--|--|---|
| <p>No answer at door – clear scene</p> <p>Force door</p> | <p>Keep knocking ✓</p> <p>Obtain phone number for house and try it ✓</p> <p>Check cars in driveway</p> <p><i>have note on door</i></p> | <p>Includes most of responses in column B</p> <p>Walk around entire house if possible – knocking on windows, rear door etc. ✓</p> <p>Look into house through windows if possible for people inside – are they okay, possible medical problem etc. ✓</p> <p>Check with neighbors for possible help – have key and permission to enter. Know relative they can call ✓</p> <p>Find unsecure door – holler loud, blow whistle</p> <p>Use car siren in driveway ✓</p> <p>Use car spotlight on house windows ✓</p> <p>Consider short break in power supply – aware of concerns with this though</p> <p>No luck – close patrol and inform complainants</p> |

Prompted BO 500

You are a patrol officer assigned to the evening shift, 2 pm – 10 pm. At approximately 6:30 pm you receive a call of a suspicious person walking and jogging along a major street. Dispatch tells you that the person is acting strange, i.e. dancing, apparently talking to himself, waving and grinning at passing motorists, and twirling a plastic bag around. Several callers express concern that the subject may be a danger to himself. What will you do?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

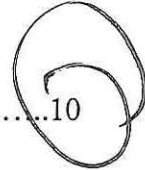
| A | B | C |
|--|---|---|
| <p>Take no action – no violation</p> <p>No justification for contact</p> | <p>Contact subject ✓</p> <p>Talk to him – check mental state ✓</p> <p>Check for possible intoxication – alcohol or drugs</p> <p><i>check for medical issues give distance check for weapons</i></p> | <p>Includes most of responses in column B</p> <p>Upon arrival, sit back and observe actions for a minute if possible ✓</p> <p>Check subject via computer for wanted, i.e. missing mental person etc. XXXX</p> <p>Offer ride home if possible ✓</p> <p>Contact friend or family member if possible</p> <p>Recognizes subject may simply be eccentric – no violation/s, no illness – caution subject to stay out of road ✓</p> |

prompted

122

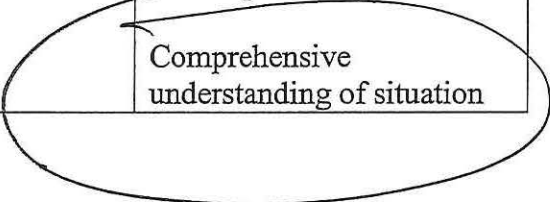
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1.....2.....3.....4.....5.....6.....7.....8.....9.....10



| A | B | C |
|--|--|--|
| <p>Take child from husband</p> <p>No violation – no action</p> | <p>Separate parties – talk to both ✓</p> <p>Investigate sufficiently to determine if crime has occurred – no crime, leave ✓</p> <p>Counsel parties to behave ✓</p> <p>Limited actions / analysis</p> | <p>Includes most responses from column B</p> <p>Make sure child is okay ✓</p> <p>Verify status of relationship regarding legal right to child ✓</p> <p>Recognizes both parents have equal right to child ✓</p> <p>Mediate – try to get parties to reach mutual solution ✓</p> <p>Explain it's a civil action – refer to attorney for long term solution ✓</p> <p>Protect both parties rights as best as possible ✓</p> <p>Comprehensive understanding of situation</p> |

Great response!



122

You are a patrol officer assigned to the 10 pm – 6 am shift. When you get off duty one morning you stop by a local convenience store to pick up a loaf of bread and a half-gallon of milk to take home. As prepare to pay the clerk tells you the cost is \$1.00. You realize the clerk is giving you a “discount.” What will you do?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

| A | B | C |
|-------------------|-------------------------------|--|
| Pay \$1 and leave | Accept discount – thank clerk | Offer to pay regular price ✓ |
| Evasive remarks | Offer to pay regular price ✓ | Recognizes complexity of issue – takes a position |
| | Understands may be a issue | Recognizes department policy impacts issue ✓ |
| | | Recognizes ethical concerns ✓ |
| | | Comments on public perception |
| | | Recognizes potential pitfalls |
| | | Will accept discount rather than have a scene in store – will probably avoid store in future |
| | | Comprehensive response |

Page 552.101/CLP

Page CLP

MERRITT, GENEANE # 790

5/7118



DEPARTMENT OF HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT

| | |
|--|--|
| Employee Name/ID#: <i>Geheane Merritt 1790</i> | Start Date: <i>9/27/2009</i> |
| Position/Dept: <i>Police Lt. 1 Police</i> | Separation Date: <i>5/7/2018</i> |
| Final Pay Date: | Separation Reason: <i>Termination</i> |
| Current Insurance Cvge: <i>PPD/TDP EET Children</i> | Ending Salary: <i>\$ 89,450.39</i> |

REQUIRED STEPS

| | <u>Initial</u> | <u>Date</u> |
|--|----------------|----------------|
| 1. HR/OD Receives resignation/termination letter... | <i>EW</i> | <i>5/4/18</i> |
| 2. HR/OD prepares & forward resignation acceptance ltr to Dept Head | — | — |
| 3. HR/OD discusses final pay with Payroll (Voluntary/Involuntary) | — | — |
| 4. HR/OD Schedules exit interview (ideally, 5 days before final day) | — | — |
| 5. HR/OD Staff completes Cobra (Ceridian) separation Form online | <i>JA</i> | <i>5/8/18</i> |
| 6. HR/OD Staff completes TALX Unemployment notice Form online | <i>JA</i> | <i>5/10/18</i> |
| 7. HR/OD term. <input checked="" type="checkbox"/> medical <input checked="" type="checkbox"/> dental <input type="checkbox"/> vision vendor portals | <i>JA</i> | <i>5/8/18</i> |
| 8. HR/OD Update status on <input type="checkbox"/> OptumHealth <input type="checkbox"/> Flexcorp | <i>JA</i> | <i>5/8/18</i> |
| <input type="checkbox"/> Valic <input type="checkbox"/> Nationwide <input type="checkbox"/> ICMA <input checked="" type="checkbox"/> Performance Pro | <i>JA</i> | <i>5/8/18</i> |
| 9. HR/OD staff deactivates employee in MUNIS/I-Web | — | — |
| 10. HR/OD forwards exit interview docs to CM & Dept heads.. | — | — |
| 11. HR/OD Enters & Releases Personnel Action in MUNIS – Dir Apprv | <i>JA</i> | <i>5/8/18</i> |
| 12. Upload or Fax TMRS documents, as applicable | — | — |
| 13. Email separation notice to Fin, Payroll, PD, Fleet, purchasing, IT... | <i>EW</i> | <i>5/9/18</i> |
| 14. HR/OD reviews benefits invoices for ee cancellation – recent bill | — | — |
| 15. HR/OD staff reviews separation schecklist | — | — |
| 16. HR/OD Staff moves personnel file to: | — | — |
| <input type="checkbox"/> INACTIVE File Cabinet in File room | — | — |
| <input type="checkbox"/> INACTIVE File in Public Drive | — | — |
| 17. HR/OD Update Turnover report | — | — |
| 18. Other HR/OD Action _____ | — | — |



DEPARTMENT OF HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT
Edward G. Williams, Ph. D., Director

May 17, 2018

Ms. Stephanie Rawles
UcmRfiResponse@talx.com

Re: **Claimant:** Geneane Merritt
SSN: 117/1175/147
Claim State: Texas
Separation Reason: Termination for Violation of City Policies
First Day Worked: September 27, 2009
Last Day Worked:

Dear Ms. Rawles:

Please accept this letter and attached supporting documents as the formal response to the Unemployment Claim submitted by Mrs. Geneane Merritt. Below are the details that led the City to present Mrs. Merritt with a termination letter.

- Geneane Merritt began employment with the City of Missouri City on September 27, 2009 as a Police Captain in the Missouri City Police Department; with an annual salary of \$79,424.40. (**ATTACHMENT "A" p1-p4**);
- On July 19, 2011, Mrs. Merritt requested a voluntary demotion to Police Lieutenant. (**ATTACHMENT "B" p1-p3**);
- As is customary for all new employees, the Human Resources Department provided Mrs. Merritt with a paper copy of the City's Personnel Policy Manual on September 30, 2009. Mrs. Merritt accepted the policy and agreed to abide by the expectations therein contained. Mrs. Merritt also received and acknowledged receiving a copy of the City's Coded of Conduct and Suspected Misconduct & Dishonesty Policy. (**ATTACHMENT "C" p1-p11**);
- An internal investigation (PSI Investigation #18-0004), which was conducted by Captain Harris, determined that Mrs. Merritt violated the following policies: (**ATTACHMENT "D" p.1-p2**)
 - Policy 10-01: Code of Conduct V. D. 5 – Fail to be Honest/Untruthfulness
 - Policy 30-05: City Vehicles III. C. 5 – Improper Use of City Vehicle
 - Policy 10-01 Code of Conduct V. D. 14 – Fail to Report for Duty
 - Policy 40-10 Off-Duty Employment IV. B. 1 – Working Unapproved Extra Job
- After reviewing all related policies and the official investigation, the City has decided to end its employment relationship with Mrs. Merritt based on the violation of the policies listed above.



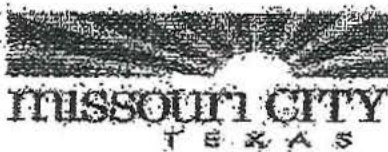
DEPARTMENT OF HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT
Edward G. Williams, Ph. D., Director

Attached is the Table of Contents of the City's Personnel Policy Manual, and the sections referenced in this response. The entire document is available if requested.

Let us know if you have any questions or require additional information. Do not hesitate to contact us if you have questions or require additional information.

Sincerely,

Zakia Monroe, PHR, SHRM-CP,
Human Resources and Organizational Development Manager



CITY OF MISSOURI CITY, TEXAS
HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT
Edward G. Williams, Ph.D., Director

1522 Texas Parkway
Missouri City, TX 77489

(281) 403-8500
egwilliams@missouricitytx.gov

August 26, 2009

Geneane Hughes

17/175

Dear Ms. Hughes:

It is my pleasure to extend the following offer of employment to you on behalf of the City of Missouri City. This offer is contingent upon your successful completion of the City's mandatory drug screen, criminal background, driving record and related pre-employment screenings as necessary.

Title: Police Captain

Reports to: Assistant Police Chief, Pat Worrell

Job Description: Attached

Salary: As agreed, your annual salary will be \$79,424.40, which the City will pay according to its 26 pay periods each year. All salaries are subject to deductions according to federal, state and related policies of the City of Missouri City.

FLSA: Exempt

Performance Evaluation: Your first annual performance review will be on or around March 31, 2010. As is customary, if the City offers a performance increase you may receive a prorated performance salary adjustment. Of course, you will meet with the Department Director or designee as necessary to discuss your progress towards established goals.

Benefits: You are entitled to the City's health, dental, vision, life and disability insurance coverage, generally supplied per City policy. Additionally, you are entitled to other benefits, including tuition reimbursement, according to the City's Personnel Policy.

Vacation and Personal Emergency Time Off: You will accrue vacation and sick leave hours as established in the City's Personnel Policy.

Start Date: ~~September 13, 2009~~

Sept 27, 2009

Car/Phone/Travel Expenses: The City will reimburse business related and reasonable expenses according to existing City policy.

Your employment with the City of Missouri City is at-will and either party can terminate the relationship at any time with or without cause and with or without notice. All employees of the City of Missouri City are subject to recall during an emergency, catastrophe or any situation in which the City Manager determines the need for City staff.

Your signature is your acknowledgement that this job offer letter represents the entire agreement between you and the City of Missouri City. Furthermore, you agree that no verbal or written agreements, promises or representations not specifically stated in this letter are binding upon the City of Missouri City.

Please sign on the line above your name and check that box that reflects your acceptance or rejection of this offer as stated, date the document, and return the original to the Department of Human Resources and Organizational Development. **This offer is in effect until September 13, 2009.**

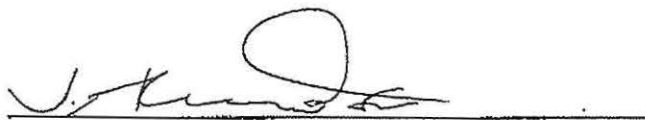
Signatures:

Accepted

Rejected


Geneane Hughes

09-01-09
Date


Joel F. Fitzgerald, Sr., MBA, Police Chief

9/1/09
Date

Cc: Human Resources & Organizational Development



Job Description

[Department of Human Resources & Organizational Development](#)

City of Missouri City
1522 Texas Parkway
Missouri City, TX 77489
Telephone: (281) 403-8500
Fax: (281) 261-4233
<http://www.ci.mocity.tx.us/depts/personnel/persfp.htm>

Position
NO:

Job Category: Service Workers

Annual Salary Range:

\$72,204 - \$93,865

POLICE CAPTAIN

DEFINITION

This is a senior-level, professional staff, full-time position with the City's Police Department. An individual in this position will be responsible for providing senior level supervision and administrative support as the head of their assigned division.

The following is a sample of the knowledge, skills and abilities required for this position, and not a complete list of duties or responsibilities.

EXAMPLES OF WORK

- Perform administrative duties by conducting media interviews; communicating with personnel and the public; researching operational, legal and administrative issues; writing position papers, briefs and memos; and preparing, maintaining, compiling and disseminating division/division reports.
- Manage division personnel by establishing employee goals and objectives; conducting and reviewing division employee performance reviews; coordinating the training needs of employees; mentoring, coaching and guiding the development of employees; managing, recommending and carrying-out the proper discipline of employees; and meeting with assigned personnel individually or as a group.
- Develop and manage the division budget by researching the equipment and personnel needs of the division; calculating the costs associated with identified needs; completing budget forms for submission to the Chief of Police; completing requisition forms; using purchasing card; approving subordinate requisitions for purchases; monitoring expenditures; and applying for and managing organizational grants.
- Manage operational issues by serving as watch commander; serving as 'on-scene' commander at major police events; identifying and resolving operational challenges and enhancing division efficiency and effectiveness; and assuming the command of the department in the absence of the Assistant Police Chief or Police Chief, as directed.

- Handle human resource needs by managing/assisting with the hiring process for the division; managing/assisting with the promotional process for the division; resolving conflicts in the work place; addressing discipline issues through policies and procedures; and recognizing and promoting the good performance of employees.
- Perform other related duties as assigned.
- Subject to 24 hour recall.

KNOWLEDGE, SKILLS AND ABILITIES

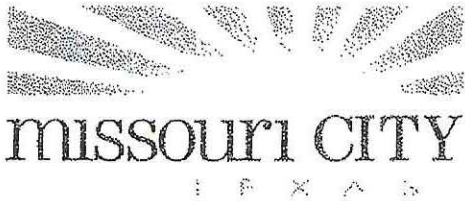
- Work requires managing and monitoring work performance by directing subordinate supervisors or division, including making recommendations to the Chief's office on hiring and disciplinary actions, evaluating program/work objectives and effectiveness, and realigning work and staffing assignments.
- Advanced ability to read papers, periodicals, journals, manuals, dictionaries, thesauruses and encyclopedias.
- Intermediate ability to deal with system of real numbers; practical applications of fractions, percentages, ratios/proportions and measurement.
- Advanced ability to write reports; prepare business letters, expositions and summaries with proper format, punctuation, spelling and grammar.
- Moderate fiscal responsibility.
- Light physical effort required, exerting up to 20 lbs occasionally; 10 lbs. frequently.
- Valid Class C Driver's License. Good driving record required.
- Must utilize independent judgment and decision making abilities as necessary.
- Ability to perform multiple tasks simultaneously in a team environment with minimal supervision.
- Professional attitude, tact and courtesy necessary to deal with internal and external customers.

EXPERIENCE AND EDUCATION REQUIREMENTS *(The following is a sample of the minimum qualifications or requirements the Human Resources & Organizational Development Office will use to evaluate applicants for this position.)*

Currently serving as a sergeant or lieutenant in a state certified police agency with a minimum of two years of professional experience and at least a high school diploma or General Education Development Certificate and TCLEOSE certification is required. The Human Resources and Organizational Development Department may consider an equivalent combination of education, training and/or experience.

The Department of Human Resources & Organizational Development may consider an equivalent combination of education, training and/or experience.

* The City of Missouri City Compensates employees according to a salary schedule that enables movement through a market based salary range. Generally, a new employee's salary is at or near the beginning of the range.



Police

Joel Fitzgerald, Sr.
Chief of Police



To: Joel Fitzgerald Sr., Chief of Police

From: Geneane Merritt, Police Captain

CC: Dr. Edward Williams, HR Director

Date: July 19, 2011

Subject: REQUEST FOR VOLUNTARY DEMOTION

1. I respectfully request your approval of my voluntary demotion from Police Captain to Police Lieutenant for personal reasons. I do so of my own free will and I was not coerced in any way to apply for demotion.
2. I realize that my salary will also be reevaluated, which may also include a sizable reduction at your discretion.
3. I also voluntarily accept any work schedule reassignment associated with the demotion.
4. Any consideration given to this request is appreciated.

Captain Geneane Merritt

Witness

RECEIVED JUL 19 2011
by approved





**DEPARTMENT OF HUMAN RESOURCES &
ORGANIZATIONAL DEVELOPMENT**

Edward G. Williams, Ph.D., Director

1522 Texas Parkway
Missouri City, TX 77489

(281) 403-8500
egwilliams@missouricitytx.gov

July 26, 2011

Geneane Merritt

7/27/11

Dear Mrs. Merritt:

It is my pleasure to extend the following offer of employment to you on behalf of the City of Missouri City.

Title: Police Lieutenant

Reports to: Police Captain

Job Description: Attached

Salary: Your hourly salary will be \$36.88, which the City will pay according to its 26 pay periods each year. All salaries are subject to deductions according to federal, state, and related policies of the City of Missouri City.

FLSA: Non-Exempt

Performance Evaluation: Your first annual performance review will be on or around March 31, 2012. As is customary, if the City offers a performance increase you may receive a prorated performance salary adjustment. Of course, you will meet with the Department Director or designee as necessary to discuss your progress towards established goals.

Benefits: You are entitled to the City's health, dental, vision, life, and disability insurance coverage, generally supplied per City policy. Additionally, you are entitled to other benefits, including tuition reimbursement, according to the City's Personnel Policy.

Vacation and Personal Emergency Time Off: You will accrue vacation and sick leave hours as established in the City's Personnel Policy.

Effective Date: July 31, 2011

Car/Phone/Travel Expenses: The City will reimburse business related and reasonable expenses according to existing City policy.

Your employment with the City of Missouri City is at-will and either party can terminate the relationship at any time with or without cause and with or without notice. All employees of the City of Missouri City are subject to recall during an emergency, catastrophe, or any situation in which the City Manager determines the need for City staff.

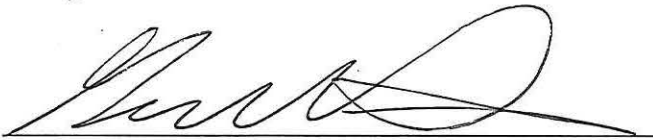
Your signature is your acknowledgement that this job offer letter represents the entire agreement between you and the City of Missouri City. Furthermore, you agree that no verbal or written agreements, promises, or representations not specifically stated in this letter are binding upon the City of Missouri City.

Please sign on the line above your name and check that box that reflects your acceptance or rejection of this offer as stated, date the document, and return the original to the Department of Human Resources and Organizational Development.

Signatures:

Accepted

Rejected



Geneane Merritt

7-26-2011

Date



Joel F. Fitzgerald, Sr., MBA, Police Chief

7-26-2011

Date

Cc: Human Resources & Organizational Development



PERSONNEL POLICY MANUAL

REVISED: July 1, 2016

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City of Missouri City

POLICY ON SUSPECTED MISCONDUCT AND DISHONESTY

Introduction

Like all organizations, ours is faced with risks from wrongdoing, misconduct, dishonesty and fraud. As with all business exposures, we must be prepared to manage these risks and their potential impact in a professional manner.

The impact of misconduct and dishonesty may include:

- the actual financial loss incurred
- damage to the reputation of our organization and our employees
- negative publicity
- the cost of investigation
- damaged relationships with our contractors and suppliers
- litigation
- damaged employee morale

Our goal is to establish and maintain a business environment of fairness, ethics and honesty for our employees, our customers, our suppliers and anyone else with whom we have a relationship. To maintain such an environment requires the active assistance of every employee and manager every day.

Our organization is committed to the deterrence, detection and correction of misconduct and dishonesty. The discovery, reporting and documentation of such acts provides a sound foundation for the protection of innocent parties, the taking of disciplinary action against offenders up to and including dismissal where appropriate, the referral to law enforcement agencies when warranted by the facts, and the recovery of assets.

Purpose

The purpose of this document is to communicate city policy regarding the deterrence and investigation of suspected misconduct and dishonesty by employees and others, and to provide specific instructions regarding appropriate action in case of suspected violations.

Definition of Misconduct and Dishonesty

For purposes of this policy, misconduct and dishonesty include but are not limited to:

- acts which violate the city's conduct rules as outlined in the Personnel Manual
- theft or other misappropriation of assets, including assets of the city, our customers, suppliers or others with whom we have a business relationship
- misstatements and other irregularities in city records, including the intentional misstatement of the results of operations
- wrongdoing
- forgery or other alteration of documents
- fraud and other unlawful acts
- any similar acts.

The city specifically prohibits these and any other illegal activities in the actions of its employees, managers, executives and others responsible for carrying out the organization's activities.

Policy and Responsibilities

Reporting

It is the responsibility of every employee, supervisor, manager and director to immediately report **suspected** misconduct or dishonesty to their supervisor. Supervisors, when made aware of such potential acts by subordinates, must immediately report such acts to their supervisor or to the City Attorney. Any reprisal against any employee or other reporting individual because that individual, in good faith, reported a violation is strictly forbidden.

Due to the important yet sensitive nature of the suspected violations, effective professional follow up is critical. Managers, while appropriately concerned about "getting to the bottom" of such issues, should not in any circumstances perform any investigative or other follow up steps on their own. **Concerned but uninformed managers represent one of the greatest threats to proper incident handling.** All relevant matters, including suspected but unproved matters, should be referred immediately to those with follow up responsibility.

Additional Responsibilities of Supervisors

All employees have a responsibility to report suspected violations. However, employees with supervisory and review responsibilities at any level have additional deterrence and detection duties. Specifically, personnel with supervisory or review authority have three additional responsibilities.

- First, you must become aware of what can go wrong in your area of authority.

- Second, you must put into place and maintain effective monitoring, review and control procedures that will prevent acts of wrongdoing.
- Third, you must put into place and maintain effective monitoring, review and control procedures that will detect acts of wrongdoing promptly should prevention efforts fail.

Authority to carry out these three additional responsibilities is often delegated to subordinates. However, accountability for their effectiveness cannot be delegated and will remain with supervisors and managers.

Assistance in effectively carrying out these responsibilities is available upon request through the Finance Director or his/her designee.

Responsibility and Authority for Follow Up and Investigation

The Legal Department has the primary responsibility for all investigations involving the city. Legal may request the assistance of Finance in any investigation, including access to Finance's periodic examinations and evaluations of internal controls.

Properly designated members of the investigative team will have:

- free and unrestricted access to all city records and premises, whether owned or rented
- the authority to examine, copy and/or remove all or any portion of the contents of files, desks, cabinets, and other storage facilities (whether in electronic or other form) without the prior knowledge or consent of any individual who might use or have custody of any such items or facilities when it is within the scope of investigative or related follow up procedures.

All investigations of alleged wrongdoing will be conducted in accordance with applicable laws and city procedures.

In the event any member of the Legal Department is the target of an investigation, the Finance Department will have the primary responsibility for conducting such investigation.

Reported Incident Follow Up Procedure

Care must be taken in the follow up of suspected misconduct and dishonesty to avoid acting on incorrect or unsupported accusations, to avoid alerting suspected individuals that follow up and investigation is underway, and to avoid making statements which could adversely affect the city, an employee, or other parties.

Accordingly, the general procedures for follow up and investigation of reported incidents are as follows:

1. Employees and others must immediately report all factual details as indicated above under Policy.
2. The Legal Department has the responsibility for follow up and, if appropriate, investigation of all reported incidents.
3. All records related to the reported incident may not be removed from their current location until Legal advises otherwise. Any tampering or falsifying of records under investigation may result in disciplinary action, including termination.
4. Do not communicate with the suspected individuals or organizations about the matter under investigation.
5. In appropriate circumstances and at the appropriate time, Legal will notify the director of the employee's department.
6. Legal will also notify the Finance Director of all reported incidents so that it may be determined whether this matter should be brought to the attention of the Audit Committee.
7. Finance may also obtain the advice of Legal at any time throughout the course of an investigation or other follow up activity on any matter related to the report, investigation steps, proposed disciplinary action or any anticipated litigation.
8. Neither the existence nor the results of investigations or other follow up activity will be disclosed or discussed with anyone other than those persons who have a legitimate need to know in order to perform their duties and responsibilities effectively.
9. All inquiries from an attorney or any other contacts from outside of the city, including those from law enforcement agencies or from the employee under investigation, should be referred to Legal.

Investigative or other follow up activity will be carried out without regard to the suspected individual's position, level or relationship with the city.

Questions or Clarifications Related to This Policy

All questions or other clarifications of this policy and its related responsibilities should be addressed to the City Attorney, who shall be responsible for the administration, revision, interpretation, and application of this policy.

Approval




City Manager

2-15-2010
Date

Acknowledgment

My signature signifies that I have read or such policy has been read to me and that I have received a copy of this policy, and that I understand my responsibilities related to the prevention, detection and reporting of suspected misconduct and dishonesty.

I further acknowledge that I am not aware of any activity that would require disclosure under this or other existing city policy or procedure statements.

Signature: 

Print Name: Geneva Marshall

Date signed: 2-25-10

CITY OF MISSOURI CITY

ACKNOWLEDGEMENT OF PERSONNEL MANUAL

I understand that this handbook is not intended to be and is not understood to be an employment contract. My employment relationship with the City of Missouri City may be governed by a number of sources, including but not limited to this Personnel Manual, the City of Missouri City Code of Ordinances, departmental policies and procedures, and state and federal statutes and regulations. Additionally, I understand that the City reserves the right to modify its employment policies and to use discretion in carrying out such policies. By signing below, I acknowledge receipt of the City of Missouri City Personnel Manual and agree to abide by the policies and procedures set forth therein.


Employee's Signature


Genevieve Merritt
Employee's Printed Name

09-30-09
Date

Questions or Clarifications Related to This Policy

All questions or other clarifications of this policy and its related responsibilities should be addressed to the City Attorney, who shall be responsible for the administration, revision, interpretation, and application of this policy.

Approval




City Manager

3-9-05
Date

Acknowledgment

My signature signifies that I have read or such policy has been read to me and that I have received a copy of this policy, and that I understand my responsibilities related to the prevention, detection and reporting of suspected misconduct and dishonesty.

I further acknowledge that I am not aware of any activity that would require disclosure under this or other existing city policy or procedure statements.

Signature: 

Print Name: GENEVIEVE Merritt

Date signed: 9-30-09



Police

Michael A. Berezin
Chief of Police



To: Chief Michael Berezin
From: Assistant Chief Lance Bothell
Date: April 26, 2018
Ref: PSI Investigation #18-0004

I have reviewed the entire investigation and concur with Captain Poulton in his findings for all of the following policy violations:

| | |
|---|--|
| Policy 10-01: Code of Conduct V. D. 5 | Fail to be Honest/Untruthfulness (Sustained) |
| Policy 30-05: City Vehicles III. C. 5 | Improper Use of City Vehicle (Sustained) |
| Policy 10-01 Code of Conduct V. D. 14 | Fail to Report for Duty (Sustained) |
| Policy 40-10 Off-Duty Employment IV. B. 1 | Working Unapproved Extra Job (Not Sustained) |

This internal investigation focuses on the above listed policy violations committed by Lieutenant Merritt and observed or discovered by Captain Harris.

The most severe of these allegations is "Fail to be Honest / Untruthfulness". A sustained allegation with this charge impacts the effectiveness of the officer and casts a shadow over the department in all matters concerning this officer. Additionally, if a sworn officer is found to have been dishonest, they would in turn be placed on a "Brady List" with the District Attorney's Office and any past or future testimony by this employee may be brought into question possibly impacting the outcome of a trial and the integrity of the organization. It is clear after reading the investigation, and Merritt's own statement, she was dishonest, she admitted to being untruthful when questioned by Captain Harris on two separate occasions about her whereabouts on the morning of March 28, 2018. The first time was over the phone (recorded) and the second was a short time later face to face with Captain Harris. There was a third incident of dishonesty involving Merritt's attendance of a school. When questioned by Captain Harris, Lieutenant Merritt lied by omission when she did not tell him she missed the first day of a class that the city paid for, resulting in not receiving TCOLE credit for the out of town training.

The "Fail to Report for Duty" allegation is regarding her attendance, or more accurately, her non-attendance at an in-service school in Frisco, Texas. It is clear Lieutenant Merritt did not attend the first day of class and then extended her stay by an additional day to attend another class. Merritt thus incurred, on city p-card, an additional hotel night stay. As per city policy, all employees travelling for overnight travel must obtain approval from the Department Head or their designee. Lieutenant Merritt did not obtain approval from her immediate supervisor, Captain Harris. The same policy states that all employees



Police

Michael A. Berezin
Chief of Police



shall submit a post travel form to the accounts payable office upon return. This form was not completed.

The allegations of "Improper Use of a City Vehicle", "Working an Unapproved Extra Job" and an additional (discovered and uncharged) policy violation of "Failing to Notify Dispatch while working an Extra Job"; 40-10 – Off Duty Employment, IV. C. 6, revolve around Lieutenant Merritt working extra jobs. The investigation showed that Lieutenant Merritt did work an extra job at The Bayou City Event Center on March 24, 2018. She improperly used her assigned patrol vehicle and failed to notify dispatch of her status while working the job. Lieutenant Merritt advised Captain Poulton that she has worked the extra job at Saint Agnes, directing traffic, on average two days a week for the past three years (approximately 156 times she worked this extra job). There is only one (1) CAD entry of her notifying dispatch of her status and location while working this job. This means that 155 times she violated this policy by not notifying dispatch of her status and location, thus showing a clear disregard for Department Policy. I also checked Avail Web for Lieutenant Merritt's activity for March 2018. I found an additional three incidents where she used a city vehicle to travel to and from an extra job on Bellaire Blvd (March 1st, 22nd and 26th). It should be noted that Avail Web only became a resource in early March of 2018. When asked about these particular policy violations, Lieutenant Merritt simply nodded, acknowledging the issue.

The charge of "Working an Unapproved Extra Job" was not sustained because it was discovered during the investigation the extra job in question had been had been submitted for approval and approved three years ago.

The significance and importance of being truthful is stressed to all employees from the entry level test and throughout their careers. Captain Poulton stated in his investigation, the policy violations concerning the extra job incident and the in-service school incident are not egregious. I disagree with this statement. The sheer number of times Lieutenant Merritt violated policy are egregious. Lieutenant Merritt's repeated policy violations coupled with the Untruthfulness, brings into question her decision making ability, her willingness to adhere to rules and regulations and her integrity to remain a member of this department.

The importance of being honest in this profession cannot be stressed enough. Lieutenant Merritt had no legitimate reason to lie to Captain Harris and even had the chance to correct things and tell the truth when she and Captain Harris spoke in person in his office and she chose not to, instead repeating the same lie.

Captain Poulton recommends that Lieutenant Merritt be separated from the department. I agree with this recommendation.


Lance Bothell, Assistant Chief of Police

Approved



Date: 05/04/2018

Edward G. Williams

From: Lance Bothell
Sent: Friday, May 04, 2018 7:58 AM
To: Edward G. Williams; Mike Berezin
Subject: Fwd: Message from "RNP583879050168"
Attachments: 20180504075644420.pdf; ATT00001.htm

Sent from my iPhone

Begin forwarded message:

From: <pdadmin@missouricitytx.gov>
Date: May 4, 2018 at 6:56:44 AM CDT
To: Lance Bothell <lbothell@missouricitytx.gov>
Subject: Message from "RNP583879050168"

This E-mail was sent from "RNP583879050168" (MP C4504ex).

Scan Date: 05.04.2018 07:56:44 (-0400)
Queries to: pdadmin@missouricitytx.gov



Police

Michael A. Berezin
Chief of Police



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From: Assistant Chief Lance Bothell
Date: April 26, 2018
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Michael A. Berezin
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Captain Poulton recommends that Lieutenant Merritt be separated from the department. I agree with this recommendation.


Lance Bothell, Assistant Chief of Police

Approved



Date: 05/04/2018



HOME EMPLOYER SETUP HEALTH PLANS REPORTS HELP LOG OFF
PARTICIPANTS COBRA DIRECT BILL

Qualifying Event

Dependent Qualifying Event

Takedover

Participant Info

USER:
Ewilliams1

CITY OF MISSOURI CITY

Participant ID # : 4492551 , SSN :

117/1175/147

10/1/CLP
(insurance)

Participant information

| | | | |
|---------------------------|--|----------------------|--------------|
| Employer name | CITY OF MISSOURI CITY | Location | |
| Name | MERRITT, GENEANE | Gender | Female |
| Employee Number | Not Assigned | | |
| Status | <input checked="" type="checkbox"/> Continuation Pending | Birth Date | 02 |
| Hire Date | 9/27/2009 | | |
| Waiting Start Date | 9/27/2009 | Coverage Date | 9/27/2009 |
| Current Address | 117/1175 | City | |
| | | State, Zip | |
| Email | Not Provided | Phone | Not Provided |

Qualifying Event Information

Qualifying Event Date 5/7/2018 **Billing Start Date**

Qualifying Event Type Termination **Last PreCOBRA Covered** 5/7/2018

Eligibility Start Date 5/8/2018 **Eligibility End Date** 11/7/2019

Medicare Eligible: No

Coverage Carried at time of Qualifying Event: BLUE CROSS BLUE SHIELD A-BC01 MA : Individual
METLIFE A-MT01 HA : Individual
UNITED HEALTHCARE A-UHC2 VA : Individual

No Dependents found for this participant.

No Coverage found for this employee.

Eligibility Transmission Detail

No WageWorks billing records found for this employee.

No WageWorks mailed notices found for this employee.

No WageWorks Imaged Documents Found.

Activity

| Type | Description | User | Date |
|----------------------------|---|-----------------|---------------------|
| C2805-Qualifying Event Fee | Qualifying Event Processed: Termination on 05/07/2018 Eligibility 5/8/2018 through 11/7/2019 covered on 3 plan(s) | EDWARD WILLIAMS | 5/8/2018 9:48:41 AM |
| New Employee | Participant 4492551 Added | EDWARD WILLIAMS | 5/8/2018 9:48:40 AM |

No Cases found for this participant.

Switch to Update Mode



Home > Enrollment Management > Search Employees

Add New Employee

Bulk Salary Update

Search Employees

Census

Enrollment Dashboard

Employee Search

Required fields are highlighted in yellow.

Group Number: F019602 **Account Number:** 1: CITY OF MISSOURI CITY

101/CLP (Inmanu)

Search By:
 ▼

Last Name

First Name

Search Results

Records: 1 - 1 of 1 Page: of 1 Go

| + <u>Last Name</u> | First Name | Employee ID or SSN | Status | Effective/Status Date | Termination Date | Action |
|--------------------------|------------|---------------------|------------------------|-------------------------|------------------|-------------------------------------|
| - MERRITT | GENE... | <i>117/117/1117</i> | Active | 01/01/2017 | | <input type="button" value="Edit"/> |
| 1: CITY OF MISSOURI CITY | | | Active | 01/01/2017 | | |
| Termination | | | Submitted | 05/08/2018 | | |
| 1: CITY OF MISSOURI CITY | | | Term. Date: 05/31/2018 | Reason: Left Employment | | |

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[Locations](#) [Important Information](#) [Site Map](#)

Enrollee Detail Report

Print Date 05/08/2018

Group Information

Last Update Date 05/08/2018

Group Number 0754236
 Group Name CITY OF MISSOURI CITY BENEFITS TRUST

*101/CLP
(Insurance)*

Enrollee Information - GENEANE MERRITT

Original Eff Date 04/01/2013 Status TERMINATED
 Termination Date 05/31/2018
 Relationship EMPLOYEE Gender FEMALE
 Date of Birth *102*
 Late Enrollee
 Address 1
 Address 2
 City, State, Zip *117/1175*
 Country
 Home Phone
 Email Address
 Hire Start Date 03/29/2013
 Phone

Employee Information - GENEANE MERRITT

Social Security # *17/1175/147*
 Employee ID *****1185 Date of Hire 09/27/2009
 Alternate ID
 Retirement Date
 Date of Death
 Alternate Authorized Individual NO

Coverage Information

| Policy | Product | Effective Date | Termination Date | Plan Var | Report Code |
|---------|---------|----------------|------------------|----------|-------------|
| 0754236 | VISION | 01/01/2016 | 05/31/2018 | 0001 | 0001 |
| 0754236 | VISION | 04/01/2013 | 12/31/2015 | 0001 | 0001 |

Other Insurance Information

Medicare NO Start Date Stop Date
 Medicare A
 Medicare B
 Medicare D
 Medicare Eligibility
 Medicare Crossover Medicare Number

Enrollee Detail Report

Print Date 05/08/2018

Group Information

Last Update Date 05/08/2018

Group Number 0754236
Group Name CITY OF MISSOURI CITY BENEFITS TRUST

*101/CLP
(individual)*

117/1175

Employee Information - GENEANE MERRITT

Social Security # *7/1175/147* **Date of Hire** 09/27/2009
Employee ID **Retirement Date**
Alternate ID **Date of Death**
Alternate Authorized Individual NO

Coverage Information

| Policy | Product | Effective Date | Termination Date | Plan Var | Report Code |
|---------|---------|----------------|------------------|----------|-------------|
| 0754236 | VISION | 04/01/2013 | 09/30/2015 | 0001 | 0001 |

Other Insurance Information

Medicare NO **Start Date** **Stop Date**
Medicare A
Medicare B
Medicare D
Medicare Eligibility
Medicare Crossover **Medicare Number**

Enrollee Detail Report

Print Date 05/08/2018

Group Information

Last Update Date 05/08/2018

Group Number 0754236
 Group Name CITY OF MISSOURI CITY BENEFITS TRUST

*.101/CLB
(insurance)*

17/1175

Employee Information - GENEANE MERRITT

Social Security # *1175/1217* Date of Hire 09/27/2009
 Employee ID Retirement Date
 Alternate ID Date of Death
 Alternate Authorized Individual NO

Coverage Information

| Policy | Product | Effective Date | Termination Date | Plan Var | Report Code |
|---------|---------|----------------|------------------|----------|-------------|
| 0754236 | VISION | 01/01/2016 | 05/31/2018 | 0001 | 0001 |
| 0754236 | VISION | 04/01/2013 | 12/31/2015 | 0001 | 0001 |

Other Insurance Information

Medicare NO Start Date Stop Date
 Medicare A
 Medicare B
 Medicare D
 Medicare Eligibility
 Medicare Crossover Medicare Number

Enrollee Detail Report

Print Date 05/08/2018

Group Information

Last Update Date 05/08/2018

Group Number 0754236
 Group Name CITY OF MISSOURI CITY BENEFITS TRUST

101/CLP
 (insurance)

117/1175

Employee Information - GENEANE MERRITT

Social Security # 117/1175/147 Date of Hire 09/27/2009
 Employee ID Retirement Date
 Alternate ID Date of Death
 Alternate Authorized NO
 Individual

Coverage Information

| Policy | Product | Effective Date | Termination Date | Plan Var | Report Code |
|---------|---------|----------------|------------------|----------|-------------|
| 0754236 | VISION | 01/01/2016 | 05/31/2018 | 0001 | 0001 |
| 0754236 | VISION | 04/01/2013 | 12/31/2015 | 0001 | 0001 |

Other Insurance Information

Medicare NO Start Date Stop Date
 Medicare A
 Medicare B
 Medicare D
 Medicare Eligibility
 Medicare Crossover Medicare Number

Enrollee Detail Report

Print Date 05/08/2018

Group Information

Last Update Date 05/08/2018

Group Number 0754236

Group Name CITY OF MISSOURI CITY BENEFITS TRUST

101/CLP
(insurance)

Employee Information - GENEANE MERRITT

Social Security #

117/1175/147

Date of Hire

09/27/2009

Employee ID

Retirement Date

Alternate ID

Date of Death

Alternate Authorized Individual NO

Coverage Information

| Policy | Product | Effective Date | Termination Date | Plan Var | Report Code |
|---------|---------|----------------|------------------|----------|-------------|
| 0754236 | VISION | 01/01/2016 | 05/31/2018 | 0001 | 0001 |
| 0754236 | VISION | 04/01/2013 | 12/31/2015 | 0001 | 0001 |

Other Insurance Information

Medicare NO

Start Date

Stop Date

Medicare A

Medicare B

Medicare D

Medicare Eligibility

Medicare Crossover

Medicare Number

117/1175

101/CLP (Insurance)

Employee Terminated

Customer: CITY OF MISSOURI CITY INSURANCE BENEFIT TRUST FUND

Employee Information

| | | | |
|------------------------------------|--|--------------------------|---|
| Name: | MERRITT, GENEANE | Employee ID: | 77/1175/47 |
| Division: | 0001 - CITY OF MISSOURI CITYINSURANCE BENEFIT TRUST FUND | Class: | 0001 - ALL ACTIVE FULL-TIME EMPLOYEES (PPO) |
| Reason for Termination: | Terminate Employment | Last Date Worked: | 05/31/2018 |
| Coverage Effective Through: | 05/31/2018 | | |

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BlueCross BlueShield of Texas



Contact Us | Help Center

Logout

Home > Employee Maintenance > View/Update Employee

Welcome, Miranda Chik (Acct #010341)

Employer Home

Account Summary

Enrollment

Employee Maintenance

View/Update Employee

Maintenance History

ID Card History

Billing

Pay Your Bill

View, print and pay your bill

View Bill Summary

Form Finder

Form Finder search box with links for Advanced Search and View All Forms

Find a Doctor

Provider Finder, Find a Pharmacy, View Drug Coverage

View/Update Employee - Cancel Employee/Dependent

Employee: GENEANE R MERRITT
Employee ID:
Status: Active

101/CLP (insurance)

I want to: Cancel Employee/Dependent

Cancel Information

- GENEANE R MERRITT have been canceled as of 05/01/2018.
Click on the name in the launchpad above to view the employee's personal details.

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Legal and Privacy

PERFORMANCE APPRAISALS



City of Missouri City
QUARTERLY PERFORMANCE TOUCHPOINT GUIDE

| | | | |
|----------------------|-------------------|--------------------|-----------------|
| Employee Name | MERRITT, GENEANE | Employee ID | 10032 |
| Position | POLICE LIEUTENANT | Department | POLICE |
| Location | PSHO | Division | PATROL |
| Routing Group | | Appraiser | HARRIS, BRANDON |
| Date | 02-06-2018 | | |

FIRST QUARTER MEETING NOTES

On this date Lt. Merritt and I discussed her current goals and expectations. She did not have any concerns or questions. We discussed her newly assigned HOA contacts and the monthly HOA report.

SECOND QUARTER MEETING NOTES

THIRD QUARTER MEETING NOTES

TIMELINES AND/ DEADLINE(S)

ASSISTANCE, RESOURCES, OR TOOLS NEEDED TO ACCOMPLISH OBJECTIVE OR GOAL

OTHER COMMENTS.

EMPLOYEE COMMENTS.

By signing below, the Employee and Appraiser(s) acknowledge that they have discussed the content of this Employee Form. They each understand that this form is non-binding, but serves as a supplement to the evaluation process and therefore does not affect the employee/employer relationship.

Employee Signature

Date

Signed by: MERRITT, GENEANE

Appraiser Signature

Date

HARRIS, BRANDON

**City of Missouri City
QUARTERLY PERFORMANCE TOUCHPOINT GUIDE**



| | | | |
|----------------------|-------------------|--------------------|-----------------|
| Employee Name | MERRITT, GENEANE | Employee ID | 10032 |
| Position | POLICE LIEUTENANT | Department | POLICE |
| Location | PSHO | Division | PATROL |
| Routing Group | | Appraiser | HARRIS, BRANDON |
| Date | 10-17-2017 | | |

FIRST QUARTER MEETING NOTES

On October 17, 2017 I met with Lt. Merritt and we discussed the current goals in her evaluation. Lt. Merritt stated she did not have any questions regarding her current goals. We also discussed any needs she has for her new assignment as a patrol Lt.

SECOND QUARTER MEETING NOTES

THIRD QUARTER MEETING NOTES

TIMELINES AND/ DEADLINE(S)

ASSISTANCE, RESOURCES, OR TOOLS NEEDED TO ACCOMPLISH OBJECTIVE OR GOAL

OTHER COMMENTS.

EMPLOYEE COMMENTS.

By signing below, the Employee and Appraiser(s) acknowledge that they have discussed the content of this Employee Form. They each understand that this form is non-binding, but serves as a supplement to the evaluation process and therefore does not affect the employee/employer relationship.

Employee Signature

Date

Signed by: MERRITT, GENEANE

Appraiser Signature

Date

HARRIS, BRANDON

**City of Missouri City
ORAL WARNING RECORD**



| | | | |
|----------------------|-------------------|--------------------|-----------------|
| Employee Name | MERRITT, GENEANE | Employee ID | 10032 |
| Position | POLICE LIEUTENANT | Department | POLICE |
| Location | PSHO | Division | PATROL |
| Routing Group | | Appraiser | HARRIS, BRANDON |
| Date | 03-14-2012 | | |

1. AN ORAL WARNING AND COUNSELING MEETING HAS TAKEN PLACE INVOLVING THE FOLLOWING ISSUE(S).

A. Absence.

B. Cooperation/teamwork.

C. Customer service.

D. Failure to follow instructions.

E. Improper use of equipment.

F. Productivity.

G. Tardiness.

H. Violation of safety rules.

I. Work quality.

J. Other (please specify).

2. SUMMARIZE THE CURRENT PROBLEM, PERFORMANCE ISSUE, OR VIOLATION DISCUSSED. INCLUDE SPECIFIC DATES AND EXAMPLES.

3. SUMMARIZE THE EMPLOYEE'S RESPONSE.

4. SUMMARIZE THE CORRECTIVE ACTION PLAN TO BE IMPLEMENTED.

5. OTHER COMMENTS OR ISSUES DISCUSSED.

6. FOLLOW UP DATES.

By signing below, the Employee and Appraiser(s) acknowledge that they have discussed the content of this Employee Form. They each understand that this form is non-binding, but serves as a supplement to the evaluation process and therefore does not affect the employee/employer relationship.

Employee Signature

Date

Signed by: MERRITT, GENEANE

Appraiser Signature

Date

HARRIS, BRANDON



Home Support Spell Check Language Check

CITYOFMISSOURICITY PM
City of Missouri City

ADMINISTRATOR

Tools & Tips Sign Out



Employee Documents
Performance History

MERRITT, GENEANE

- Employee Documents
- Performance History
- Employee Goal Tools
- Appraisal
- Reports
- Manage Employees
- System Setup
- Administration

Appraisal Form Forms Notes Additional Documents Peer Feedback

| Status | Date | Score |
|---------|--------------------------|-------|
| CURRENT | 07-01-2017 to 06-30-2018 | -- |
| HISTORY | 07-01-2016 to 06-30-2017 | 3.43 |
| HISTORY | 07-01-2015 to 06-30-2016 | 3.33 |
| HISTORY | 07-01-2014 to 06-30-2015 | 3.26 |
| HISTORY | 07-01-2013 to 06-30-2014 | 3.01 |
| HISTORY | 04-01-2012 to 06-30-2013 | 3.00 |
| HISTORY | 04-01-2011 to 03-31-2012 | 2.23 |
| HISTORY | 04-01-2010 to 03-31-2011 | 1.95 |
| HISTORY | 04-01-2009 to 03-31-2010 | 2.23 |

< June 2018 >

| | | | | | | |
|----|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| 27 | 28 | 29 | 30 | 31 | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

- Appraisal Due
- Alert



City of Missouri City
Appraisal

Employee Information Summary ▾

| | | |
|---|--|------------------------------------|
| Employee: GENEANE MERRITT | Hire Date: 09-27-2009 | Position: POLICE LIEUTENANT |
| Department: POLICE | Division: PATROL | Location: PSHQ |
| Review Period: 07-01-2017 - 06-30-2018 | Appraiser: HARRIS, BRANDON 100% | Employee ID: 10032 |

Appraisal Overview

[Route Information](#)

[Collapse all comments](#)

Competency (50%)

| | |
|------------------------|-----|
| Service | 10% |
| Professionalism | 10% |
| Integrity & Trust | 10% |
| Respect | 10% |
| Innovation | 10% |
| Teamwork & Cooperation | 10% |
| Employee Management | 40% |

Goal (50%)

| | |
|-----------------------|-----|
| Administrative | 30% |
| HOA | 20% |
| Mentoring | 20% |
| Crime Trend Awareness | 10% |
| DDACTS | 10% |
| Policy/Equipment | 10% |

Competencies

1 = Below Expectations 2 = Needs Improvement 3 = Meets Expectations 4 = Exceeds Expectations 5 = Exemplary

| Service | 10% | Summary | Weight | Rating | Score |
|--|------------|----------------|---------------|---------------|--------------|
| The degree to which the employee provides the highest benefit to our community and an outstanding customer experience. | | Appraiser | 100% | 0.00 | -- |
| | | Total | | | 0.00 |

Comments

Appraiser Comments:

1 = Below Expectations 2 = Needs Improvement 3 = Meets Expectations 4 = Exceeds Expectations 5 = Exemplary

| Professionalism | 10% | Summary | Weight | Rating | Score |
|------------------------|------------|----------------|---------------|---------------|--------------|
|------------------------|------------|----------------|---------------|---------------|--------------|

The degree to which the employee demonstrates and conveys a favorable image when representing the company. The level of honesty, integrity, and confidentiality along with proper standards of professional dress.

| | | | |
|--------------|------|------|-------------|
| Appraiser | 100% | 0.00 | -- |
| Total | | | 0.00 |

Comments

Appraiser Comments:

1 = Below Expectations 2 = Needs Improvement 3 = Meets Expectations 4 = Exceeds Expectations 5 = Exemplary

| | | | | | |
|---|------------|----------------|---------------|---------------|--------------|
| Integrity & Trust | 10% | Summary | Weight | Rating | Score |
| Is widely trusted; is seen as a direct, truthful individual; presents truthful information in an appropriate and helpful manner; keeps confidences; admits mistakes; doesn't misrepresent himself or herself for personal gain. | | Appraiser | 100% | 0.00 | -- |
| | | Total | | | 0.00 |

Comments

Appraiser Comments:

1 = Below Expectations 2 = Needs Improvement 3 = Meets Expectations 4 = Exceeds Expectations 5 = Exemplary

| | | | | | |
|--|------------|----------------|---------------|---------------|--------------|
| Respect | 10% | Summary | Weight | Rating | Score |
| The level of admiration for someone or something elicited by their abilities, qualities, or achievements, character, professionalism, confidentiality, and honesty in dealing with internal or external customers. | | Appraiser | 100% | 0.00 | -- |
| | | Total | | | 0.00 |

Comments

Appraiser Comments:

1 = Below Expectations 2 = Needs Improvement 3 = Meets Expectations 4 = Exceeds Expectations 5 = Exemplary

| | | | | | |
|--|------------|----------------|---------------|---------------|--------------|
| Innovation | 10% | Summary | Weight | Rating | Score |
| The ability to adapt to fast-changing environments. Willingness to take risks and to consider new approaches to improve the organization's competitive position. | | Appraiser | 100% | 0.00 | -- |
| | | Total | | | 0.00 |

Comments

Appraiser Comments:

1 = Below Expectations 2 = Needs Improvement 3 = Meets Expectations 4 = Exceeds Expectations 5 = Exemplary

| | | | | | |
|---|------------|----------------|---------------|---------------|--------------|
| Teamwork & Cooperation | 10% | Summary | Weight | Rating | Score |
| The degree to which individuals promote a collaborative, cooperative, and productive working environment. The level of demonstrated sensitivity, team building, support, and respect. The degree of synergy promoted. | | Appraiser | 100% | 0.00 | -- |
| | | Total | | | 0.00 |

Comments

Appraiser Comments:

1 = Below Expectations 2 = Needs Improvement 3 = Meets Expectations 4 = Exceeds Expectations 5 = Exemplary

| Employee Management | 40% | Summary | Weight | Rating | Score |
|---|------------|----------------|---------------|---------------|--------------|
| The degree to which the supervisor creates a positive management environment. The ability to mentor, motivate employees, preserve high morale, and supervise with fairness and consistency. | | Appraiser | 100% | 0.00 | -- |
| | | Total | | | 0.00 |

Comments

Appraiser Comments:

Competencies Total Score **0**

Goals

Goal Information

1 = Below Expectations 2 = Needs Improvement 3 = Meets Expectations 4 = Exceeds Expectations 5 = Exemplary

| Administrative | 30% | Summary | Weight | Rating | Score |
|--|------------|----------------|---------------|---------------|--------------|
| Due Date: 06-30-2018 Effectively handle all administrative duties for your shift as assigned. This includes, but is not limited to the bi-weekly timesheet submission, Performance Pro quarterly touch base. | | Appraiser | 100% | 0.00 | -- |
| | | Total | | | 0.00 |

Comments

Appraiser Comments:

| HOA | 20% | Summary | Weight | Rating | Score |
|--|------------|----------------|---------------|---------------|--------------|
| Due Date: 06-30-2018 Attend your HOA meetings and work with the board on the concerns of the community. Submit monthly HOA action reports by the 28th day of each month. Perform bi-annual crime prevention presentations to your assigned HOAs. | | Appraiser | 100% | 0.00 | -- |
| | | Total | | | 0.00 |

Comments

Appraiser Comments:

| Mentoring | 20% | Summary | Weight | Rating | Score |
|--|------------|----------------|---------------|---------------|--------------|
| Due Date: 06-30-2018 Be actively involved in the skill development of your officers/sergeants. Ensuring they receive adequate training that is applicable to their job function. | | Appraiser | 100% | 0.00 | -- |
| | | Total | | | 0.00 |

Comments

Appraiser Comments:

| | | | | | |
|---|------------|----------------|---------------|---------------|--------------|
| Crime Trend Awareness | 10% | Summary | Weight | Rating | Score |
| Due Date: 06-30-2018 | | Appraiser | 100% | 0.00 | -- |
| Review ATAC Raids and intelligence information to stay abreast of current crime trends or patterns and take appropriate actions. Submit semi-monthly reports to Patrol Captain showing steps implemented to address crime trends. | | Total | | | 0.00 |

Comments

Appraiser Comments:

| | | | | | |
|--|------------|----------------|---------------|---------------|--------------|
| DDACTS | 10% | Summary | Weight | Rating | Score |
| Due Date: 06-30-2018 | | Appraiser | 100% | 0.00 | -- |
| Ensure mandated DDACTS areas are staffed in support of the division goal of 70,000 contacts per year and a reduction in Part 1 Crimes. | | Total | | | 0.00 |

Comments

Appraiser Comments:

| | | | | | |
|---|------------|----------------|---------------|---------------|--------------|
| Policy/Equipment | 10% | Summary | Weight | Rating | Score |
| Due Date: 06-30-2018 | | Appraiser | 100% | 0.00 | -- |
| Ensure your sergeants and officers complete policy review examinations as directed by the training sergeant or his designee. Ensure officers and sergeants perform daily vehicle and equipment inspections. Perform random spot checks on officer's vehicles and equipment. | | Total | | | 0.00 |

Comments

Appraiser Comments:

Goal Total Score **0**

Future Goals

Summary Comments

Summary Comments

Appraiser:

Final Score Calculation

| | | | |
|--------|--------|-------|--------|
| Totals | Weight | Score | Rating |
|--------|--------|-------|--------|