Agreement Between

City of Coppell and HUB International For Benefits Consulting Services

THIS AGREEMENT, entered into the 10^{th} day of April 2024, by and between **City of Coppell, Texas** {herein called 'City'} and **CONSULTANT** (herein called 'HUB'} to provide health and welfare consulting services for the Employee Benefits Program of the City.

WITNESSETH:

WHEREAS, the City is in need of assistance in the evaluation of the employee health and welfare benefits; and

WHEREAS, CONSULTANT has the unique expertise and experience necessary to provide the services; and

WHEREAS, the City desires to contract with CONSULTANT to provide actuarial, health and welfare consulting services for the Employee Benefits program;

NOW, THEREFORE, in consideration of the foregoing and other valuable consideration, the sufficiency and receipt of which are hereby acknowledged, the parties agree as follows:

- I. INDEPENDENT CONTRACTOR RELATIONSHIP CONSULTANT is an independent contractor and not an employee or servant of the City. Nothing in this Agreement is intended to or shall be construed in any manner as creating or establishing the relationship of employer/employee between the parties. CONSULTANT shall at all times remain an independent contractor with respect to the service to be performed under this Agreement. City shall be exempt from payment of unemployment compensation, FICA, retirement, life and/or medical insurance and workers' compensation insurance, as CONSULTANT is an independent contractor.
- **II. SCOPE OF SERVICES** CONSULTANT shall provide professional services, in compliance with all applicable federal, state and local laws and regulations relating to the services outlined under "Exhibit A" and "Exhibit B"
- III. COMPENSATION City agrees to pay the CONSULTANT a flat consulting fee of \$8,291.66 per month (\$99,500 annually). HUB will also collect standard commissions built into current voluntary insurance policies in force. HUB will disclose commissions annually, or as requested by the City. CONSULTANT agrees to provide all services required under this Contract for said sum.
- **IV. TIME OF PERFORMANCE** The first term of this Agreement is from April 10, 2024, through April 9, 2025, with four one-year renewal option periods at the same fee amount.

- a) The option period shall go into effect only upon the prior written agreement on both parties.
- b) The City may terminate without cause the contract with thirty (30) days written notice.
- V. **EMPLOYEES** HUB employees, if any, who perform services for the City under this Agreement shall also be bound by the provisions of this Agreement.
- VI. ASSIGNMENT This Agreement may not be assigned without the prior written consent of the City.
- VII. NOTICES Communication and details concerning this Agreement shall be directed to the following contract representatives:

City of Coppell:	HUB International:
Matia Messemer	Brent Weegar
Director of Employee Experience	Senior Vice President
255 Parkway Blvd.	10000 N. Central Expressway., Suite 1200
Coppell, TX 75019	Dallas, TX 75231

- **VIII. GENERAL COMPLIANCE** CONSULTANT agrees to comply with all applicable federal, state, and local laws and regulations relating to the services provided under this Agreement.
- **IX. INDEPENDENT CONTRACTOR** Nothing in this Agreement is intended, to or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. CONSULTANT shall at all times remain an independent contractor with respect to the services to be performed under this Agreement. City shall be exempt from payment of and Unemployment Compensation, FICA, retirement, life and/or medical insurance, and Workers' Compensation Insurance, as CONSULTANT is an independent contractor.
- X. HOLD HARMLESS CONSULTANT shall hold harmless, defend and indemnify the City from any and all claims, actions, suits, charges and judgments whatsoever that arise out of CONSULTANTS' performance or non-performance of the services or subject matter called for in this Agreement.
- XI. WAIVER OF CONTRACTUAL RIGHT The failure of either party to enforce any provision of this agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this agreement.
- XII. CONSTRUCTION AND VENUE This Agreement shall be governed by and construed in accordance with the laws of the state of Texas. The parties hereto hereby irrevocably consent to the exclusive jurisdiction and venue of the courts of the state of Texas, county of Dallas, for the purposes of all legal proceedings arising out of or relating to this Agreement or the actions that are contemplated hereby.
- XIII. ENTIRE AGREEMENT This agreement contains the entire agreement of the parties, with respect to the subject matter herein, and there are not other agreements whether oral or written. This agreement supersedes any prior written or oral agreements between the parties.
- XIV. AMENDMENTS City or CONSULTANT may amend this Agreement, at any time, provided

that such amendments make specific reference to the Agreement, and are executed in writing, signed by a duly authorized representative of both organizations and approved by the City's governing body, if necessary.

- XV. SEVERABILITY If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.
- **XVI. APPLICABLE LAW** This Agreement shall be governed by the laws of the State of Texas; and venue for any action shall be in Dallas County, Texas.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

City of Coppell	HUB International
Signature	Signature
<u>Mike Land</u> Print	<u>Brent Weegar</u> Print
<u>City Manager</u> Title	<u>Senior Vice President</u> Title
Date	Date

'EXHIBIT A'

SCOPE OF SERVICES

- Analyze existing coverage and identify or develop cost-saving alternative benefit strategies and plans.
- Act as a liaison between the cities and insurance providers.
- Provide day-to-day consultation on plan interpretation and problem resolution.
- Provide timely customer service and assistance to staff and employees with issues involving provider billing, claims, vendor service issues/problems, advocacy for services, disputes, interpretation of contracts and services, changes and general troubleshooting.
- Assist the cities in proactive mitigation of negative impacts or disruption of services to employees from benefit and/or provider network changes.
- Assist the cities with strategies for remaining compliant with ever-changing laws and remaining current with the changing market.
- Assist in the development of long-range goals and strategies, including making projections of potential savings.
- Provide on-site training to staff regarding regulatory updates, and/or best practices seminars for the effective administration of benefit plans as needed.
- Provide access to attorneys and a compliance department as needed for health and welfare benefit related questions.
- Assist in the development and oversight of an employee wellness program to improve employee health and reduce employee health-care costs, both in the short-term and in the long-term.
- Provide actuarial analysis and recommendations based on utilization and performance reports, statistical and/or financial reports, and plan specific data.
- Assist the cities in monitoring and analyzing experience trends and providing timely alerts on changing patterns and appropriate recommendations.
- Provide, maintain, and update comparison reports of other similar sized public and private companies' benefit plan offerings and costs to determine their competitiveness with the cities' programs.
- Provide financial and/or performance reviews of self-funded and fully insured plan options and programs.
- Be available to provide various types of reports as needed, such as costs analysis for benefit changes, and other statistical, financial, forecasting, trend, or experience reports.
- Regularly monitor and evaluate performance measures and guarantees of providers.
- Provide monthly claim updates and perform quarterly reviews of such.
- Maintain full and accurate records with respect to all matters and services provided on behalf of the cities' benefit plans and programs.
- Attendance as needed at meetings with city staff, employees and/or retirees to facilitate and assist in the management of the cities' employee benefits plans.
- Act as an advocate in appeal, arbitration or court process between the city and the providers on unresolved issues if needed; provide advice when needed to enforce cities, employee, retiree or their dependents' rights.
- Establish a strategy for benefits, both annually and three to five years in the future while considering trends, prospective legislations, new delivery systems and geographic health-care practices to make long-term projections.
- Bid cities health insurance programs and employee and retiree benefits as needed. Prepare specifications and compile data, obtain bids and proposals, negotiate rates. Review rate proposals to ensure underlying assumptions are appropriate and accurate to the cities. Analyze and compare proposals and prepare an analysis of each with recommendations and make recommendations for items of negotiation with providers, including, but not limited to, benefit levels and plan design, premiums, quality of service, performance measures and guarantees, and return on investment, where applicable.
- Provide expert financial and actuarial consultation regarding bids.
- Review proposals and prepare analysis of each with recommendations.
- Review and make cost-saving recommendations regarding the modification of plan design, benefit levels, premiums, communications and quality of current employee and retiree benefit plans.
- Recommend appropriate plans to ensure that quality and cost-effective benefits are provided by the plans.

- Provide annual estimates of renewal rates and cost trends and assist cities' staff in preparation of budget figures.
- Conduct thorough and applicable market research in preparation for contract renewals.
- Assist in negotiating pricing with administration vendors and insurance carriers on renewals and service modification requests.
- Represent the cities in all negotiations with providers on various topics, including, but not limited to premiums, benefit levels and plan design, performance measures and guarantees, contractual terms and conditions, insurance booklets, premium and copay rates, and quality assurance standards.
- Make recommendations for items of negotiation with providers, including, but not limited to benefit levels and plan design, premiums, quality of service, performance measures and guarantees, and return on investment, where applicable.
- Prepare specifications and compile data, obtain quotes and proposals, negotiate rates and analyze and compare proposals.
- Review rate proposals to ensure underlying assumptions are appropriate and accurate to the cities.
- Provide communication development and support for the annual enrollment period, new benefit offerings and/or changes to the existing benefit offerings.
- Attend, assist with, and coordinate with staff the open enrollment meetings.
- Provide web based portal for annual enrollment, new hire enrollment, changes, etc. to reduce the related administrative demands on city staff.
- Recommend and help develop enhancements and improvements for communications specific to the needs of the employees and retirees including, but not limited to brochures, pamphlets, matrices, comparison charts, summaries, electronic communications, forms, handbooks, and employee orientation, to include compliance notices.
- Provide timely research and responses to technical questions posed by staff.
- Provide regular and timely communications needed for the effective administration of benefit plans.
- Provide guidance and recommendations on items such as, but not limited to trends in benefit plans, methods for improving costs containment, financial arrangements and administration.
- Assist and conduct presentations for benefit committees and management benefits meetings, City Council meetings and/or employee meetings.
- Provide access to published benefit related survey information.
- Develop additional benefits communications specific to the needs of the employees and retirees.
- Attend and assist with meetings with City Council, staff and employees.
- Recommend particular broker-sponsored seminars, benefit events and educational forums that would be beneficial to the cities.
- Develop and/or assist in developing and evaluating employee/retiree needs and satisfaction surveys.
- Manage plan transitions as necessary between insurance providers.
- Review and evaluate current administrative processes related to enrollment and billing.
- Recommend and assist with implementation of administrative process enhancements.
- Prepare and present reports on trends, new products and audits, as requested.
- Assist with evaluation of pre-and-post 65 retiree insurance products, conducting RFP process and implementation as needed.
- Work collaboratively with other consultants and city staff.
- Prepare and administer employee benefit surveys as needed.
- Implement innovative risk control programs to help avoid costly claims.
- Provide printed benefit brochures for open enrollment and new hire processing.
- Provide assistance with ongoing plan administration to ensure that programs are in compliance with State and Federal legislation.
- Provide impact analysis, plan options, and strategic recommendations with regard to the ACA and other regulations and mandates.
- Assist city staff with annual audit to ensure compliance with all mandated reporting and posting/notice requirements for the benefit plans.
- Provide on-site training to city staff, as needed, regarding regulatory updates, and/or best practice seminars for the effective administration of benefit plans.
- Review and disseminate information to staff on new or revised State and Federal legislation that impacts benefit programs.

- Develop and/or assist in developing communication materials and tools for conducting dependent verification audits.
- Conduct compliance audits of cities' policies and procedures.
- Provide access to ERISA attorney and a compliance department as needed for health and welfare benefit related questions.

'EXHIBIT B'

BUSINESS ASSOCIATE AGREEMENT

Business Associate Agreement

THIS BUSINESS ASSOCIATE AGREEMENT (this "BAA"), dated as of **3/27/2024**, is entered into by and between **HUB International** ("Business Associate") and those Employee Welfare Benefit Plans (as defined in the Employee Retirement Income Security Act of 1974) of **City of Coppell** ("Plan Sponsor") that are subject to 45 CFR Parts 160 and 164, Subparts A and E and 45 CFR Parts 160 and 164, Subpart C (each a "Covered Entity") and on whose behalf this BAA has been executed and delivered. Business Associate and Covered Entity are referred to herein from time to time each individually as a "Party" and collectively as the "Parties." Capitalized terms used herein but not otherwise defined in this BAA will have the same meaning as the meaning ascribed to such terms in the HIPAA Rules (as defined below).

WHEREAS, pursuant to certain services agreements (the "Agreements"), Business Associate provides services to Covered Entity that may involve the use, disclosure, transmission, maintenance and/or creation of Protected Health Information; and

WHEREAS, Business Associate and Covered Entity are committed to compliance with the Privacy, Security, Breach Notification and Enforcement Rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") at 45 CFR Parts 160 and 164 and any current and future regulations promulgated thereunder (collectively, the "HIPAA Rules");

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein, and for other good and valuable consideration, the Parties agree as follows:

I. **DEFINITIONS**

For purposes of this BAA, the following terms shall have the meanings ascribed to them below:

- A. *Breach.* "Breach" shall have the same meaning as the term "breach" in 45 CFR §164.402, subject to all exclusions under 45 CFR §§164.402(1)(i), (ii) and (iii).
- B. *Electronic Protected Health Information*. "Electronic Protected Health Information" or "ePHI" shall have the same meaning as the term "electronic protected health information" in 45 CFR §160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- C. *Electronic Transactions Rule*. "Electronic Transactions Rule" shall mean the final regulations issued by HHS concerning standard transactions and code sets under 45 CFR Parts 160 and 162.
- D. *HHS*. "HHS" shall mean the U.S. Department of Health and Human Services.
- E. *Individual.* "Individual" shall have the same meaning as the term "individual" in 45 CFR § 160.103.
- F. *Protected Health Information.* "Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 CFR §160.103,

limited to the information created or received by Business Associate from or on behalf of Covered Entity, including but not limited to Electronic Protected Health Information.

- G. *Required By Law.* "Required by Law" shall have the same meaning as the term "required by law" at 45 CFR §164.103 and the standards imposed at 45 CFR §164.512(a).
- H. *Secretary*. "Secretary" shall mean the Secretary of HHS.
- I. *Security Incident.* "Security Incident" shall have the same meaning as the term "security incident" in 45 CFR §164.304.
- J. *Transaction.* "Transaction" shall have the meaning as the term "transaction" in 45 CFR §160.103.
- K. Unsecured Protected Health Information. "Unsecured protected health information" shall have the meaning as the term "unsecured protected health information" in 45 CFR §164.402.

II. OBLIGATIONS OF BUSINESS ASSOCIATE

Business Associate agrees:

- A. Not to use or disclose Protected Health Information other than (i) as permitted or required by this BAA, (ii) as permitted or required to perform its obligations pursuant to the Agreements, or (iii) as Required by Law.
- B. To use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information, to prevent the use or disclosure of PHI other than as provided for by this BAA.
- C. To mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this BAA.
- D. To report to the appropriate Covered Entity any use or disclosure of PHI not provided for by this BAA of which it becomes aware and any Successful Security Incident of which Business Associate becomes aware. For purposes of this BAA, a "Successful Security Incident" is any Security Incident that results in unauthorized access, use, disclosure, modification, or destruction of Electronic Protected Health Information of Covered Entity. The parties further stipulate and agree that this paragraph constitutes notice by Business Associate to Covered Entity with respect to any "Unsuccessful Security Incident," which is defined for purposes of this BAA as any Security Incident that is not a Successful Security Incident. Covered Entity and Business Associate agree that reporting of Unsuccessful Security Incidents are too numerous to be meaningful or helpful and

therefore this BAA constitutes the report from Business Associate that these incidents occur.

- E. In accordance with 45 CFR §§164.502(e)(1)(ii) and 164.308(b)(2), if applicable, to ensure that any subcontractor that creates, receives, maintains or transmits Protected Health Information on behalf of Business Associate agrees to the same restrictions and conditions that apply through this BAA to Business Associate with respect to such PHI. If Business Associate becomes aware of a pattern or practice by the subcontractor that violates such agreement, Business Associate shall take steps to cure the breach or end the violation. If efforts to cure the breach or end the violation are not successful, Business Associate shall terminate its arrangement with the subcontractor, if feasible. If not feasible, Business Associate shall notify Covered Entity of the breach or violation.
- F. To make available, at the request of Covered Entity, and in the form and format designated by such Covered Entity, PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to the requesting Individual or such Individual's designee, within the time period necessary to meet the requirements under 45 CFR § 164.524; provided, however, that this Section II.F is applicable only to the extent Business Associate is required to maintain a Designated Record Set for the particular Covered Entity pursuant to the terms of the Agreements.
- G. To make any amendment(s) to PHI in a Designated Record Set as directed or agreed to by Covered Entity pursuant to 45 CFR § 164.526, or to take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR § 164.526; provided, however, that this Section II.G is applicable only to the extent Business Associate is required to maintain a Designated Record Set for the particular Covered Entity pursuant to the terms of the Agreements.
- H. To make applicable internal practices, books and records available to the Secretary or his designee for purposes of the Secretary's determining Business Associate's compliance with the HIPAA Rules.
- I. To maintain and make available upon request by Covered Entity the information required to provide an accounting of disclosures as necessary to satisfy Covered Entity's obligations under 45 CFR § 164.528.
- J. Without unreasonable delay and in no case later than thirty (30) days following discovery by Business Associate (except as otherwise required under 45 CFR §164.412), Business Associate will notify Covered Entity in writing of any Breach of Unsecured Protected Health Information. Business Associate shall provide Covered Entity, to the extent known, the identity of each Individual whose Unsecured Protected Health Information has, or is reasonably believed by Business Associate, to have been affected by the Breach. In addition, Business Associate shall provide to Covered Entity, either at the time it provides notice to Covered Entity of the Breach or promptly thereafter as information becomes

available, any other information that Covered Entity is required to include in its notification to an Individual under 45 CFR §164.404(c).

- K. In the event Business Associate transmits or receives a Transaction on behalf of Covered Entity, it shall comply with all provisions of the Electronic Transactions Rule to the extent applicable.
- L. To the extent Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 CFR Part 164, Business Associate shall comply with the requirements of Subpart E that apply to Covered Entity in the performance of such obligation(s).
- M. In its performance of the functions, activities, services, and operations for Covered Entity, Business Associate agrees to make only the minimum necessary uses and disclosures and requests for Protected Health Information.
- N. Business Associate shall not engage in the Sale of Protected Health Information or otherwise directly or indirectly receive direct or indirect remuneration in exchange for the disclosure of Protected Health Information of an Individual, unless Covered Entity or Business Associate has obtained a valid authorization from the Individual, consistent with the requirements under 45 CFR §164.508.

III. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE

Except as otherwise limited in this BAA, Business Associate may:

- A. *Use* or *disclose* PHI for purposes of performing the functions, activities or services for, or on behalf of, each Covered Entity as specified in the Agreements, provided that such use or disclosure would not violate Subpart E of 45 CFR Part 164 if done by Covered Entity or is permitted under paragraphs B and C below.
- B. *Use* PHI for all appropriate management and administrative functions of Business Associate, or as needed to carry out the legal responsibilities of Business Associate.
- C. *Disclose* PHI for all appropriate management and administrative functions of Business Associate, or as needed to carry out the legal responsibilities of Business Associate, provided that such disclosures are either Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

IV. OBLIGATIONS OF COVERED ENTITY

Each Covered Entity shall:

- A. Provide Business Associate with the notice of privacy practices that Covered Entity produces in accordance with 45 CFR § 164.520, as well as any changes to such notice.
- B. Provide Business Associate with any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes affect Business Associate's permitted or required uses and disclosures.
- C. Notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.
- D. Not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Subpart E of 45 CFR Part 164 if done by Covered Entity, except as set forth in Sections III.B and C.
- E. Disclose only the minimum necessary Protected Health Information to Business Associate as may be required for Business Associate to perform its services to Covered Entity, except that Covered Entity will not be obligated to comply with this minimum necessary limitation if neither Business Associate nor Covered Entity is required to limit its use, disclosure or request to the minimum necessary.

V. TERM AND TERMINATION

- A. **Term.** As to each Covered Entity, the term of this BAA shall be effective as of the date set forth above in the first paragraph. This BAA shall terminate on the date Business Associate ceases to be obligated to perform functions, activities or services for Covered Entity under the Agreements. However, Business Associate's obligations under Articles II, III and V shall survive the termination of this BAA with respect to any PHI so long as it remains in the possession of Business Associate.
- B. **Termination for Cause.** Without limiting the rights of the Parties respecting termination under the Parties' Agreements:
 - 1. **By Covered Entity.** Upon Covered Entity's knowledge of a pattern of an activity or practice of Business Associate that constitutes a material breach or violation of this BAA by Business Associate with respect to PHI maintained for that Covered Entity, such Covered Entity shall provide an opportunity for Business Associate to cure the breach or end the violation. Covered Entity shall terminate this BAA and the Agreements if Business Associate does not cure the breach or end the violation within such reasonable time as is specified by Covered Entity, or immediately terminate this BAA and the Agreements if Business Associate has breached or violated a material term of this BAA and cure is not possible. However, Business Associate's Agreement(s) and the terms of this BAA with respect to any other Covered Entity shall continue to remain in effect until otherwise terminated.

- 2. **By Business Associate**. Upon Business Associate's knowledge of a pattern of an activity or practice of Covered Entity that constitutes a material breach or violation of this BAA by such Covered Entity, Business Associate shall provide an opportunity for Covered Entity to cure the breach or end the violation. Business Associate shall terminate this BAA and the Agreements with respect to that Covered Entity if Covered Entity does not cure the breach or end the violation within such reasonable time as is specified by Business Associate, or immediately terminate this BAA and the Agreements with respect to that Covered Entity if Covered Entity has breached or violated a material term of this BAA and cure is not possible. However, Business Associate's Agreement(s) and the terms of this BAA with respect to any other Covered Entity shall continue to remain in effect until otherwise terminated.
- C. **Effect of Termination**. Upon termination of this BAA for any reason, Business Associate, with respect to Protected Health Information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, shall:
 - 1. Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
 - 2. Return to Covered Entity or destroy the remaining PHI that Business Associate still maintains in any form;
 - 3. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information to prevent use or disclosure of the PHI, other than as provided for in this Section V.C, for as long as Business Associate retains the PHI;
 - 4. Not use or disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out under Sections III.B and III.C which applied prior to termination; and
 - 5. Return to Covered Entity or destroy the PHI retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

VI. MISCELLANEOUS PROVISIONS

A. **Regulatory References.** A reference in this BAA to a section in the HIPAA Rules means the section as in effect or as amended, and for which compliance is required at the time of the use or disclosure in question. In case a specific regulatory reference used in this BAA changes, as may occur when an enforcement body moves or otherwise changes its numbering system, this BAA shall remain in place and the Parties subject to the BAA shall use all reasonable efforts to discern the correct and applicable reference currently in effect in order to optimally satisfy compliance obligations as set forth under governing law.

- B. **Amendment**. The Parties agree to take appropriate action as necessary to amend this BAA from time to time in order for Covered Entity and Business Associate to comply with the HIPAA Rules. Moreover, to the extent permitted by applicable law, upon the compliance date of any final regulation, or amendment to final regulation promulgated by HHS that affects Business Associate or Covered Entity's obligations under this BAA, this BAA will automatically amend such that the obligations imposed on Business Associate or Covered Entity remain in compliance with the final regulation or amendment to final regulation.
- C. **Survival**. The respective rights and obligations of the Parties to this BAA shall survive the termination of this BAA.
- D. Governing Law. This BAA shall be governed by the laws of the State of Texas.
- E. **Notices.** All notices hereunder shall be in writing and delivered by hand, by certified mail, return receipt requested or by overnight delivery. Notices shall be directed to the Parties at their respective addresses set forth below their signature, as appropriate, or at such other addresses as the Parties may from time to time designate in writing.
- F. Entire Agreement; Modification. This BAA represents the entire agreement between Business Associate and each Covered Entity relating to the subject matter hereof and supersedes all prior oral and written agreements relating to the subject matter hereof. No provision of this BAA may be modified, except in writing, signed by the Parties.
- G. **No Third Party Beneficiaries.** There shall be no third party beneficiaries to this BAA, and no individual (including an Individual) or entity who is not a party to this BAA shall have any rights in connection with a breach or violation of this BAA.
- H. **Binding Effect.** This BAA shall be binding upon the Parties hereto and their successors and assigns.
- I. **Counterparts and Signature.** This BAA may be executed in any number of counterparts, which, when taken together, shall constitute one original. This BAA may be executed by an electronic or facsimile signature of an authorized representative of the Parties, and any such signature shall be deemed to be an original signature and shall be binding on the Parties to the same extent as if such electronic or facsimile signature.
- J. **Interpretation of this Agreement**. Any ambiguity in this BAA shall be resolved in favor of a meaning that permits the Parties to comply with applicable law.

[Remainder of page left intentionally blank]

IN WITNESS WHEREOF, the Parties hereto have caused this BAA to be executed as of the date first above written.

BUSINESS ASSOCIATE: HUB International

By: Brent Weegar

Title: Senior Vice President

Signature:

Address of Business Associate: 10000 North Central Expressway, Dallas, TX 75231 Suite 1100

For Notices, a copy (which will not constitute notice) shall be sent to: HUB International Limited c/o Legal Department 300 N. LaSalle St., 17th Floor Chicago, IL 60654

PLAN SPONSOR: City of Coppell on behalf of its group health plan as Covered Entity

By: Mike Land

Title: City Manager

Signature:

Address of Plan Sponsor: 255 Parkway Blvd., Coppell, TX 75019