

## HMO officers and employees: Verify your fidelity bond coverage

\_\_\_\_\_ certifies that it complies with requirements of Texas Insurance  
HMO name

Code [§ 843.402](#) and Texas Administrative Code [§ 11.204 \(7\)](#) for fidelity bond coverage of its officers  
and employees. The fidelity bond coverage is effective \_\_\_\_\_ to \_\_\_\_\_

Bond effective date

Bond end date

\_\_\_\_\_  
Signature of officer

\_\_\_\_\_  
Date officer signed

\_\_\_\_\_  
Officer name

\_\_\_\_\_  
Officer title

### Certification

State of \_\_\_\_\_ County of \_\_\_\_\_

Before me, a notary public, on this day personally appeared \_\_\_\_\_  
Officer name

known to me to be the person whose name is subscribed above and, being by me first duly sworn,  
declared that the statements therein contained are true and correct.

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month, Year

\_\_\_\_\_  
Notary public signature

(Seal)

\_\_\_\_\_  
Printed name

My commission expires \_\_\_\_\_

**Note:** Link to [Holding Company Filings](#)