

Amendment Effective Date:  
November 1, 2025

Texas Emergency Services Retirement System  
and  
City of Deer Park, Texas  
Deer Park Volunteer Fire Department

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**AMENDMENT**  
**Texas Emergency Services Retirement System and**  
**City of Deer Park, Texas**  
**Deer Park Volunteer Fire Department**

The Texas Emergency Services Retirement System (TESRS) and City of Deer Park, Texas (Governing Entity), on behalf of the Deer Park Volunteer Fire Department (Participating Department), entered into a Contract effective January 1, 1978. The parties agree to the amendment of the Contract as described below. **The effective date of this Amendment is November 1, 2025.**

**Monthly Contribution Rate:** Effective November 1, 2025, the Governing Entity has elected to increase monthly contributions to the TESRS Pension System on behalf of each active participating member from a rate of **\$144.00 to \$156.00** per month. TESRS will apply the increase in the monthly contributions effective November 1, 2025.

**EXECUTION**

IN WITNESS WHEREOF, the parties intending to be legally bound have caused this Amendment to be executed effective November 1, 2025 by their duly authorized officers or other representatives.

**City of Deer Park, Texas**

**Texas Emergency Services Retirement System**

\_\_\_\_\_  
Jerry Mouton, Mayor

\_\_\_\_\_  
Jessica Almaguer, Executive Director

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

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

**Department Name**

\_\_\_\_\_  
Steven Kenney, Board Chair

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

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Deer Park Volunteer Fire Department  
Amendment – Contribution Change

TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM  
**FORM 200-B – CONTRIBUTION CHANGE REQUEST**

(PLEASE TYPE OR CLEARLY PRINT)

|                                                                                     |  |           |  |
|-------------------------------------------------------------------------------------|--|-----------|--|
| <b>1. PARTICIPATING DEPARTMENT NAME AND ADDRESS:</b>                                |  |           |  |
| DEPARTMENT NAME:                                                                    |  |           |  |
| MAILING ADDRESS:                                                                    |  |           |  |
| CITY STATE ZIP:                                                                     |  | PHONE NO: |  |
| <b>2. NAME OF PERSON WITH AUTHORITY TO SIGN CONTRACTS ON BEHALF OF LOCAL BOARD:</b> |  |           |  |
| NAME:                                                                               |  | TITLE:    |  |
| EMAIL ADDRESS:                                                                      |  |           |  |

|                                                |                                     |                                     |
|------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>3. MONTHLY CONTRIBUTION CHANGE REQUEST:</b> |                                     |                                     |
| CURRENT MONTHLY CONTRIBUTION RATE:             | PROPOSED MONTHLY CONTRIBUTION RATE: | CONTRIBUTION CHANGE EFFECTIVE DATE: |
| \$                                             | \$                                  |                                     |

|                                                                                          |  |           |  |
|------------------------------------------------------------------------------------------|--|-----------|--|
| <b>4. GOVERNMENTAL ENTITY NAME AND ADDRESS:</b>                                          |  |           |  |
| GOVERNING ENTITY:                                                                        |  |           |  |
| MAILING ADDRESS:                                                                         |  |           |  |
| CITY STATE ZIP:                                                                          |  | PHONE NO: |  |
| <b>5. NAME OF PERSON WITH AUTHORITY TO SIGN CONTRACTS ON BEHALF OF GOVERNING ENTITY:</b> |  |           |  |
| NAME:                                                                                    |  | TITLE:    |  |
| EMAIL ADDRESS:                                                                           |  |           |  |

|                                   |  |           |  |
|-----------------------------------|--|-----------|--|
| <b>6. ADMINISTRATIVE CONTACT:</b> |  |           |  |
| NAME:                             |  |           |  |
| MAILING ADDRESS:                  |  |           |  |
| CITY STATE ZIP:                   |  | PHONE NO: |  |
| EMAIL ADDRESS:                    |  |           |  |

**INSTRUCTIONS:**

- 1) Complete the above information and fax or mail this form to TESRS (see below).
- 2) BE SURE TO INCLUDE EMAIL ADDRESSES WHERE INDICATED!
- 3) TESRS will prepare and send via DocuSign® a contract amendment reflecting the contribution change to the Local Board and Governing Entity signatories for e-signatures.
- 4) If applicable, TESRS will issue a supplemental invoice for any retroactive monthly contributions that are subject to this change as indicated by the effective date of the contribution change stated in the contract amendment.