

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**.

All fields must be completed.

Incomplete request forms will be returned to sender which may cause a delay in processing.

Date of Request: November 20 ,2013

Please mark one: **Bill Request** or **Resolution Request**

1. Has your agency submitted this request in the last 12 months?

Yes **No**

If yes, please explain:

2. Title: Request for approval of contract, pursuant to Charter § 3.2.6(E), with: United Healthcare Insurance Company for employee health care insurance benefits.

3. Requesting Agency: Office of Human Resources

4. Contact Person: *(with actual knowledge of proposed ordinance)*

- **Name:** Heather Britton
- **Phone:** 720-913-5699
- **Email:** heather.britton@denvergov.org

5. Contact Person: *(with actual knowledge of proposed ordinance who will present the item at Mayor-Council and who will be available for first and second reading, if necessary)*

- **Name:** Heather Britton
- **Phone:** 720-913-5699
- **Email:** heather.britton@denvergov.org

6. General description of proposed ordinance including contract scope of work if applicable:

Agreement for United Healthcare Insurance Company to provide medical insurance in 2013 to employees eligible pursuant to section 18-171 of the DRMC and eligible employees of the Denver Police Department, contract amount not to exceed \$41,000,000. Approval to purchase granted with COUNCIL BILL NO. CB12-0673. Contract ID#CSAHR-201310004-00

Please include the following:

- a. **Duration:**
- b. **Location:**
- c. **Affected Council District:**
- d. **Benefits:**
- e. **Costs:**

7. Is there any controversy surrounding this ordinance? (groups or individuals who may have concerns about it?) **Please explain.**

None known