

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: 10/30/2015

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/resolution.)*

- **Name:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** jennifer.cahoon@denvergov.org

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

- **Name:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@denvergov.org

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

Agreement United Healthcare Insurance Company to provide 2016 medical insurance to eligible employees. Approval to purchase granted under COUNCIL BILL NO. BR15-0413. Contract amount not to exceed \$65,323,000.00. Contract ID# CSAHR-201525080-00

*****Please complete the following fields:** (Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field – please do not leave blank.)*

- a. Contract Control Number:**
- b. Duration:** 01/01/2016 – 12/31/2016
- c. Location:** NA
- d. Affected Council District:** NA
- e. Benefits:** NA
- f. Costs:** NA

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

None Known

To be completed by Mayor’s Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____