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.

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	Ple	ease mark one:	☐ Bill Reques	st	or		⊠ Resolı	ution Reques	t	Date of Request	: 10/30/2015
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 NA 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	1.	Has your agency	submitted this requ	iest in th	e last 1	2 m	onths?				
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