

## **BILL/ RESOLUTION REQUEST**

- 1. Title:** Approves a contract with Denver Health Medical Plan, Inc. to provide 2016 medical insurance to eligible employees.
- 2. Requesting Agency:** Career Service Authority
- 3. Contact Person *with actual knowledge of proposed ordinance***
  - Name:**
  - Phone:**
  - Email:**
- 4. 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:**
  - Phone:**
  - Email:**
- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
  - a. Scope of Work**
  - b. Duration**
  - c. Location**
  - d. Affected Council District**
  - e. Benefits**
  - f. Costs**
- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**