

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: April 20, 2017

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:** (Include a concise, one sentence description – please include name of company or contractor and contract control number that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)

Standard Insurance Company contract amendment to update and correct definition of “covered member” under the 2017 policy language for employee life, accidental death and dismemberment, long term disability, and short term disability insurance coverage for Career Service, Fire and Police employees. (Contract # CSAHR-201631065-01).

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 resolution including contract scope of work if applicable:**

Approves amendment to correct definition of “covered member” under the 2017 Standard Insurance Company agreement (Contract # CSAHR-201631065-01) for life, accidental death and dismemberment, long term disability, and short term disability insurance offered to employees eligible pursuant to section 18-171, 18-174, 18-176, and 18-177 of the DRMC, and classified members of the police and fire departments.

****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:** CSAHR-201631065-01
- b. **Duration:** 01/01/2017 – 12/31/2017
- c. **Location:** N/A
- d. **Affected Council District:** City Wide
- e. **Benefits:** City Employee Benefits
- f. **Costs:**

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

None

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____