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 10, 2010	
Please mark one:		X Bill Request	or	☐ Resolution R	equest		
1. Has your agency submitted this request in the last 12 months?							
	☐ Yes	X No					
	If yes, please explain: Please Note:						
	This is the initial ordinance request for the 2011 Self-Insured Dental Plan. However, the Career Service Authority (CSA) does submit this request on an ongoing, annual basis for each new Fiscal Year.						
2.	Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)						
	•	n appropriation in the provision of dental se			2011 for the Self-Insured	Dental Fund	
3.	Requesting Agency	: Career Service Author	rity (CSA)				
	 Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: John A. Shick Phone: 720-913-5716 Email: john.shick@denvergov.org 						
5.	will be available forName: John APhone: 720-93	first and second reading A. Shick			who will present the item at Mo	ayor-Council and who	
6.	General descriptio	n of proposed ordinanc	e including	g contract scope of w	vork if applicable:		
to m	reimburse provide ay exceed the amo	ers on a claim by clai	m basis.	In addition, the Costs of the benef	sis. Under self-funding, the ity bears the risk for any countries the provided. The City genus.	elaim payments that	
an Tl	nd Fire Department nis number will, of	s. The initial set of e	enrollees i he course	numbered 9,509 decof the year. Empl	ployees along with employ uring the recent Open End loyees have three dental p n.	rollment Period.	
				<u>*</u>	1 in the amount of \$8,622 388,531 of the total. The e		
-		To be	e completed	d by Mayor's Legislat	ive Team:		
SI	RE Tracking Number:				Date Entered:		

estimated at 37.5% or \$3,233,558 of the total. These revenues are collected through the payroll deduction process.

**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.)

a. Contract Control Number: CE 91070 - 2

b. Duration: 1/1/2011 – 12/31/2011
c. Location: City & County of Denver

d. Affected Council District: City-Wide Impacte. Benefits: Dental Insurance for City Employees

f. Costs: \$8,622,089

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

There is no controversy surrounding this request.

	To be completed by Mayor's Legislative Team:	
SIRE Tracking Number:	Date Entered:	
		Revised 08/16/10