

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: February 12, 2018

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.)

Approves a contract with Standard Insurance Company for \$12,220,000 through 12/31/2018 for employee life, accidental death and dismemberment, long-term disability, and short-term disability insurance coverage for all eligible employees. (CSAHR-201736851-00)

3. **Requesting Agency:** Office of Human Resources

4. **Contact Person:** (With actual knowledge of proposed ordinance/resolution.)

- **Name:** Christopher O'Brien
- **Phone:** 720-913-0748
- **Email:** Christopher.Obrien@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:** Christopher O'Brien
- **Phone:** 720-913-0748
- **Email:** Christopher.Obrien@denvergov.org

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

Agreement for Standard Insurance Company to provide life, accidental death and dismemberment, long term disability, and short term disability insurance in 2018 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. Contract amount not to exceed \$12,220,000 (CSAHR-201736851-00)

****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:** CSAHR-201736851-00
- b. **Duration:** 01/01/2018 – 12/31/2018
- c. **Location:** N/A
- d. **Affected Council District:** City Wide
- e. **Benefits:** City Employee Benefits
- f. **Costs:** \$12,220,000

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

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: RR18 0184

Date Entered: _____

None

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SIRE Tracking Number: **RR18 0184**

Date Entered: _____