

BILL/ RESOLUTION REQUEST

- 1. Title:** Approves the recommended 2017 changes to City and County of Denver healthcare benefit plans.
- 2. Requesting Agency:** Office of Human Resources
- 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.**