

BILL/ RESOLUTION REQUEST

1. **Title:** Approves the recommended 2015 changes to the City and County of Denver's employee health insurance plans.
- 2.
- 3.
4. **Requesting Agency:** Career Service Authority
5. **Contact Person *with actual knowledge of proposed ordinance***
Name: Heather Britton
Phone:
Email:
6. **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:
7. **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.**

Bill Request Number: BR14-0645

Date: 7/30/2014