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 20, 2014**

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:** Request for approval of contract, pursuant to Charter § 3.2.6(E), with: United Healthcare Insurance Company for employee health care insurance benefits.

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

4. **Contact Person:** (*with actual knowledge of proposed ordinance*)
    - **Name:** Heather Britton
    - **Phone:** 720-913-5699
    - **Email:** heather.britton@denvergov.org

5. **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:** Heather Britton
    - **Phone:** 720-913-5699
    - **Email:** heather.britton@denvergov.org

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

    Agreement for United Healthcare Insurance Company to provide medical insurance in 2014 to employees eligible pursuant to section 18-171 of the DRMC and eligible employees of the Denver Police Department, contract amount not to exceed $50,941,000. Approval to purchase granted with COUNCIL BILL NO. CB13-0576. Contract ID#CSAHR-201417748-00.

    Please include the following:
    a. **Duration:**
    b. **Location:**
    c. **Affected Council District:**
    d. **Benefits:**
    e. **Costs:**

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

    None known