

## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto: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: 09/03/2015

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 \$8,485,450.56 through 12/31/2015 for employee life, accidental death and dismemberment, long term disability, and short term disability insurance coverage for CSA, Fire and Police employees. (CSAHR-201523562-00)

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

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

- **Name:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@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:** Jennifer Cahoon
- **Phone:** 720-913-5521
- **Email:** Jennifer.cahoon@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 2015 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 \$8,485,450.56 (CSAHR-201523562-00)

***\*\*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-201523562-00
- b. **Duration:** 01/01/2015 – 12/31/2015
- c. **Location:** N/A
- d. **Affected Council District:** City Wide
- e. **Benefits:** City Employee Benefits
- f. **Costs:** \$8,485,450.56

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

None

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*To be completed by Mayor's Legislative Team:*

SIRE Tracking Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_