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: May 1, 2015
Please mark one:				⊠в	ill Request	C	or [Resolution Request
1. Has your agency submitted this request in the last 12 months?								ths?	
			Yes	⊠ N	0				
		If y	es, please	explaii	ղ։				
2.	. Title: Request for approval of contract, pursuant to Charter § 3.2.6(E), with UnitedHealthcare employee medical insurance benefits.								.2.6(E), with UnitedHealthcare Insurance Company for
	This bill is requested to go before the Technology and Governance committee on May 19, 2015.								
3.	Requesting Agency: Office of Human Resources								
4.	Contact Person: (with actual knowledge of proposed ordinance) Name: Jennifer Cahoon Phone: 720-913-5521 Email: Jennifer.cahoon@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: 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 UnitedHealthcare Insurance Company to provide medical insurance in 2015 to employees eligible pursuant to section 18-171 of the DRMC, and classified members of the police departments, contract amount not to exceed \$54,430,112.00. Contract ID#CSAHR-2015-21976								
	Please include the following: a. Duration: January 1, 2015 – December 31, 2015								
		b.	Location		_				
		c.	Affected	Counci	District: Citywi	de			
		d.	Benefits:						
		e.	Costs:						
	7.		here any o		ersy surrounding	g this ordi	inance?	(gı	groups or individuals who may have concerns about

None known