

## **BILL/ RESOLUTION REQUEST**

- 1. Title:** Approves a contract with United Healthcare Insurance Company to provide 2016 medical insurance to eligible employees (CSAHR-201525080-00).
- 2. Requesting Agency:** Career Service Authority
- 3. Contact Person *with actual knowledge of proposed ordinance***  
**Name:**Jennifer Cahoon  
**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.**