## **ORDINANCE/RESOLUTION REQUEST**

Please email requests to the Mayor's Legislative Team at <a href="MileHighOrdinance@DenverGov.org">MileHighOrdinance@DenverGov.org</a> by 3:00pm on <a href="Monday">Monday</a>.

## \*All fields must be completed.\*

Incomplete request forms will be returned to sender which may cause a delay in processing.

									Date of	Request	:: October	· 30, 2015	
Please mark one:		☐ Bill F	Request	or	$\boxtimes$	Resolution	on Req	uest					
1.	Has yo	our agency	submitted	this request in the	last 12 ı	montl	ns?						
		Yes	⊠ No										
	lf y	es, please	explain:										
2.				f contract, pursuant t surance benefits.	to Charte	er § 3.	2.6(E), wit	th: <u>Stan</u>	dard Insi	<u>urance C</u>	Company fo	or	
3.	Reque	sting Agen	cy: (	Office of Human Reso	ources								
4.	■ Na ■ Ph	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:												
	an no	d long-term	disability in	nsurance Company insurance and dependent 0.00 Approval to pure	lent life i	nsura	nce in 201	6 to eliq	gible em <sub>l</sub>	oloyees,	contract a	mount	
	a. b. c.	Location: Affected C	January NA Council Di	1, 2016 – Decembe	r 31, 201	6							
		Benefits: Costs: NA											
				y surrounding this o	ordinand	<b>:e?</b> (g	groups or in	ndividua	als who r	nay have	e concerns	s about	

None known

it?) Please explain.