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 Requ	est: November 28, 2016	
Please mark one:		nark one:	☐ Bill Request	or	\boxtimes	Resolution	Request		
1.	Has	Has your agency submitted this request in the last 12 months?							
	[Yes	⊠ No						
	ŀ	f yes, please	explain:						
2.		Title: Request for approval of contract, pursuant to Charter § 3.2.6(E), with UnitedHealthcare Insurance Company for employee medical insurance benefits.							
3.	Requ	uesting Ager	ncy: Office of Huma	n Resources					
4.	• N	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.	Gen	General description of proposed ordinance including contract scope of work if applicable:							
	Agreement for UnitedHealthcare Insurance Company to provide medical insurance in 2017 to employees eligible pursuant to section 18-171 of the DRMC, and classified members of the police departments, contract amount not to exceed \$65,316,134.40. Contract ID#CSAHR-201631060-00								
Please include the following: a. Duration: January 1, 2017– December 31, 2017									
		. Location:							
		c. Affected d. Benefits:	Council District: Citywi	de					
		e. Costs:							
	7. I		controversy surrounding xplain.	g this ordinanc	e? (g	groups or indi	viduals who may	y have concerns about	

None known