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: October 17, 201
Ple	ease ma	rk one:	☐ Bill Request	or	□ Resolution Request
1.	Has your agency submitted this request in the last 12 months?				
		Yes	⊠ No		
	lf y	yes, please	explain:		
2.	Title: Request for approval of contract, pursuant to Charter § 3.2.6(E), with UnitedHealthcare Insurance Company fo employee medical insurance benefits.				
3.	Reque	esting Ager	ncy: Office of Human	Resources	
4.	Contact Person: (with actual knowledge of proposed ordinance) Name: Heather Britton Phone: 720-913-5699 Email: heather.britton@denvergov.org				
5.	<u>will be</u> ■ Na ■ Ph	available fo nme: Heath none: 720-9	or first and second reading, in ter Britton		linance <u>who will present the item at Mayor-Council and who</u>)
6.	General description of proposed ordinance including contract scope of work if applicable:				
	Agreement for UnitedHealthcare Insurance Company to provide medical insurance in 2018 to employees eligible pursuant to section 18-171 of the DRMC, and classified members of the police departments, contract amount not to exceed \$78,380,000.00. Contract ID#CSAHR-201736836-00				
	a. b. c. d.	Duration: Location:	ne following: January 1, 2018– Decen		18
		there any o		his ordinand	ace? (groups or individuals who may have concerns about

None known