ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday. Contact the Mayor's Legislative team with questions

Please mark one: Bill Reque	est or	☐ Resolution F	Date of Request: 10/28/2019 Request
1. Type of Request:			
☐ Contract/Grant Agreement ☐ In	ntergovernmental	Agreement (IGA)	☐ Rezoning/Text Amendment
☐ Dedication/Vacation ☐ A	ppropriation/Sup	plemental	DRMC Change
Other: Special Trust Fund Creation			
2. Title: (Start with approves, amends, dacceptance, contract execution, contr			y or contractor and indicate the type of request: grant e, supplemental request, etc.)
Establishes the Medical Self-Insurance Pr for City employees and appropriates the 2			elf-insurance program as part of the benefits package
3. Requesting Agency: Department of	Finance – Budget	and Management O	ffice
4. Contact Person:			
Contact person with knowledge of propo	osed	-	on to present item at Mayor-Council and
ordinance/resolution Name: Kelly Greunke and Stephanie A	dome	Council Name: Page	hel Bardin and Stephanie Adams
Email: Kelly.Greunke@denvergov.org			hel.Bardin@denvergov.org;
Stephanie.Adams@denvergov.org	,		dams@denvergov.org
with United Healthcare will be self-insure initial reserves. Additionally, the initial re	of its medical insued. The 2020 appropriate of the control of the	rance benefits to sel- priation will include ed through a transfer	f-insured. Specifically, in 2020, the City's contract edollars for 2020 claims, administrative cost and the of surplus reserves from the Dental Self-Insurance Office of Human Resources is the expending
The appropriation in 2020 is \$64,000,000	, which reflects Ci	ty and employee cor	atributions as well as contingency reserves.
6. City Attorney assigned to this requ	est (if applicable)	: N/A	
7. City Council District: All			
	To be completed	by Mayor's Legisla	tive Team:
Resolution/Bill Number			Date Entered: