



Legislation Text

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File #: 18-0680, Version: 1

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**Other/Miscellaneous Request Template (Appointments; ROW; Code Changes; Zoning Action, etc.)**

**Date Submitted:**

**Requesting Agency:**  
**Division:**

**Subject Matter Expert Name:**  
**Email Address:**  
**Phone Number:**

**Item Title & Description:**

*(Do not delete the following instructions)*

*These appear on the Council meeting agenda. Initially, the requesting agency will enter a 2-3 sentence description. Upon bill filling, the City Attorney's Office should enter the title above the description (the title should be in **bold** font).*

*Both the title and description must be entered between the red "title" and "body" below. Do **not** at any time delete the red "title" or "body" markers from this template.*

**A bill for an Ordinance creating a new survivor benefit for employees of the City and County of Denver.**

Authorizes continuation of health insurance benefits for one year for families of certain city employees who have died on the job. The Committee approved filing this item at its meeting on 6-26-18.

**Affected Council District(s) or citywide?**

**Executive Summary with Rationale and Impact:**

*Detailed description of the item and why we are doing it. This can be a separate attachment.*

**Address/Location (if applicable):**

**Legal Description (if applicable):**

**Denver Revised Municipal Code (D.R.M.C.) Citation (if applicable):**

**Draft Bill Attached?**