

1/15/13

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING AN EXTENSION OF A CONTRACT WITH THE HARTFORD FOR GROUP LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) AND LONG TERM DISABILITY INSURANCE THROUGH JUNE 30, 2013.

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That it is hereby authorizing an extension of a contract with The Hartford for group life and accidental death and dismemberment (AD&D) and long term disability insurance through June 30, 2013, at the rate of \$0.219, per \$1,000.00; per covered salary and group life and AD&D at the rate of \$0.62, per \$100.00; per covered salary for long term disability insurance for a monthly amount of \$45,927.00; for the City's portion in the amount of \$162,260.00; for a City funded amount of \$109,545.00; and for a total amount of \$229,635.00.

ADOPTED: _____, 2013.

/mms

City of Chattanooga



Resolution Request Form

(This form is only required for resolutions requiring expenditure of City funds)

Date Prepared: 1/2/2012

Preparer: Madeline Green

Department: Personnel

Brief Description of Purpose for Resolution:

Resolution Number (if approved by Council):

A RESOLUTION AUTHORIZING THE EXTENSION OF A CONTRACT WITH THE HARTFORD FOR GROUP LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT AND LONG TERM DISABILITY INSURANCE THROUGH 6/30/2013 AT THE RATE OF (\$0.219) PER ONE THOUSAND DOLLARS PER COVERED SALARY FOR GROUP LIFE AND AD&D AND AT THE RATE OF (\$0.62) PER ONE HUNDRED DOLLARS PER COVERED SALARY FOR LONG TERM DISABILITY INSURANCE FOR A MONTHLY AMOUNT OF \$45,927.

Name of Vendor/Contractor/Grant, etc. The Hartford
Total project cost \$ 229,635.00
Total City of Chattanooga Portion \$ 162,260.00
City Amount Funded \$ 109,545.00
New City Funding Required \$ 52,715
City's Match Percentage %

New Contract/Project? (Yes or No) No
Funds Budgeted? (YES or NO) Partially
Provide Fund 1100
Provide Cost Center E00202
Proposed Funding Source if not budgeted
Grant Period (if applicable)

List all other funding sources and amount for each contributor.

 Amount(s)
\$
\$
\$

 Grantor(s)

Agency Grant Number

CFDA Number if known

Other comments: (Include contingency amount, contractor, and other information useful in preparing resolution)

Approved by:

Reviewed by: FINANCE OFFICE

DESIGNATED OFFICIAL/ADMINISTRATOR

Please submit completed form to @budget, accounting, City Attorney, City Finance Officer and Deputy Administrator Finance