

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING AN INCREASE IN PURCHASE ORDER NUMBER 522050 TO ING GROUP LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE TO PAY FOR THE JUNE 2014 INVOICE FOR COVERED SALARY AND LONG TERM DISABILITY (LTD) INSURANCE AND AN FMLA LEAVE MANAGEMENT SERVICE AND WILL OFFER CITY EMPLOYEES VOLUNTARY BENEFITS TO INCLUDE SHORT TERM DISABILITY AND SUPPLEMENTAL LIFE AND AD&D INSURANCE, IN THE AMOUNT OF ONE HUNDRED ONE THOUSAND DOLLARS (\$101,000.00), FOR A TOTAL AMOUNT OF SIX HUNDRED THIRTEEN THOUSAND ONE HUNDRED SEVENTY-FIVE DOLLARS (\$613,175.00).

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That it is hereby authorizing an increase in Purchase Order Number 522050 to ING Group Life and Accidental Death and Dismemberment (AD&D) Insurance to pay for the June 2014 invoice for covered salary and long term disability (LTD) insurance and an FMLA Leave Management Service and will offer City employees voluntary benefits to include short term disability and supplemental life and AD&D insurance, in the amount of \$101,000.00, for a total amount of \$613,175.00.

ADOPTED: _____, 2014

/mem

City of Chattanooga



Resolution Request Form

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

Date Prepared: 7/9/2014

Preparer: Madeline Green

Department: Human Resources

Brief Description of Purpose for Resolution:

Resolution Number (if approved by Council): 27474

A resolution to increase Purchase Order # 522050 to ING, in the amount of \$101,000.00 to pay the June 2014 invoice.

The original estimated request of \$512,175.00 was not sufficient to cover the annual cost of the insurance premiums.

insurance will be offered to City employees to be paid solry by the employee.

Name of Vendor/Contractor/Grant, etc. ING
Total project cost \$ 613,175.00
Total City of Chattanooga Portion \$ _____
City Amount Funded \$ _____
New City Funding Required \$ 101,000.00
City's Match Percentage % _____

New Contract/Project? (Yes or No) no
Funds Budgeted? (YES or NO) yes
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