

RESOLUTION NO. \_\_\_\_\_

A RESOLUTION AUTHORIZING THE DIRECTOR OF HUMAN RESOURCES TO ENTER INTO AN AGREEMENT WITH BLUECROSS BLUESHIELD OF TENNESSEE TO PROVIDE AN EMPLOYEE WELLNESS INCENTIVE PROGRAM TO ELIGIBLE EMPLOYEES AT THE COST OF \$0.29 PER EMPLOYEE PER MONTH, PLUS THE COST OF THE INCENTIVES WITH AN EFFECTIVE DATE OF JANUARY 1, 2015, WITH A DURATION OF THREE (3) YEARS, FOR AN ANNUAL COST OF APPROXIMATELY ONE HUNDRED FORTY-FIVE THOUSAND DOLLARS (\$145,000.00).

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BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That it is hereby authorizing the Director of Human Resources to enter into an agreement with BlueCross BlueShield of Tennessee to provide an employee wellness incentive program to eligible employees at the cost of \$0.29 per employee per month, plus the cost of incentives with an effective date of January 1, 2015, with a duration of three (3) years, for an annual cost of approximately \$145,000.00.

ADOPTED: \_\_\_\_\_, 2014

/mem

# City of Chattanooga



## Resolution Request Form

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

Date Prepared: 11/17/2014

Preparer: Madeline Green

Department: Human Resources

### Brief Description of Purpose for Resolution:

Resolution Number (if approved by Council):

A resolution authorizaing the Director of Human Resources to ener into an agreement with BlueCross BlueShield of Tennessee to provide an employee wellness incentive program to eligible employees at the cost of \$0.29 per employee per month plus the cost of the incentives themselves for an annual cost of approximately \$145,000.00. The effective date is Janary 1, 2015 with a duration of three years.

Name of Vendor/Contractor/Grant, etc. BCBST  
Total project cost \$ 145,000.00  
Total City of Chattanooga Portion \$ 145,000.00  
City Amount Funded \$ 145,000.00  
New City Funding Required \$ \_\_\_\_\_  
City's Match Percentage % \_\_\_\_\_

New Contract/Project? (Yes or No) yes  
Funds Budgeted? (YES or NO) yes  
Provide Fund 6523  
Provide Cost Center E10306, 704312  
Proposed Funding Source if not budgeted 6523  
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