

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING AN INCREASE IN PURCHASE ORDER NUMBER 522050 TO VOYA (RELIASTAR) TO PAY THE REMAINING INVOICES THROUGH FISCAL YEAR 2015 TO COVER INSURANCE PREMIUMS FOR GROUP LIFE, LONG TERM DISABILITY (LTD), AND FMLA LEAVE MANAGEMENT SERVICES, TO INCLUDE EMPLOYEE PREMIUMS FOR SHORT TERM DISABILITY (STD) AND SUPPLEMENTAL LIFE INSURANCE, AS WELL AS THE GENERAL PENSION BOARD PREMIUM FOR LTD INSURANCE, IN THE AMOUNT OF ONE MILLION TWO HUNDRED NINE THOUSAND DOLLARS (\$1,209,000.00).

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 Voya (Reliastar) to pay the remaining invoices through Fiscal Year 2015 to cover insurance premiums for group life, long term disability (LTD), and FMLA leave management services, to include employee premiums for short term disability (STD) and supplemental life insurance, as well as the General Pension Board premium for LTD insurance, in the amount of \$1,209,000.00.

ADOPTED: _____, 2015

/mem

City of Chattanooga



Resolution Request Form

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

Date Prepared: 5/7/2015

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 Voya (Reliastar) to \$\$1,209,000.00 .00 to pay for the remaining invoices through FY15 to cover insurance premiums for Group Life, Long Term Disability (LTD), and FMLA leave

management services to include employee premiums for short term disability (STD) and supplemental life insurance as well as the General Pension Board premium for LTD insurance.

Name of Vendor/Contractor/Grant, etc. Reliastar
Total project cost \$ 1,209,000.00
Total City of Chattanooga Portion \$ _____
City Amount Funded \$ _____
New City Funding Required \$ _____
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)

The request is to pay for the previously approved City funded amount of \$512,175 plus the premiums of City employees for voluntary products of short term disability and supplemental life insurance and the General Pension Board's portion of the long term disability premium, which the City is reimbursed for.

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