

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE DIRECTOR OF HUMAN RESOURCES TO ENTER INTO AN AGREEMENT WITH BLUECROSS BLUESHIELD OF TENNESSEE AND ASSURANT EMPLOYEE BENEFITS TO PROVIDE VOLUNTARY DENTAL INSURANCE TO CITY EMPLOYEES AT THE MONTHLY RATES LISTED BELOW.

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 and Assurant Employee Benefits to provide voluntary dental insurance to City employees at the monthly rates listed below:

BlueCross BlueShield of Tennessee Plan:

Employee - \$23.92
Employee/Child - \$45.04
Employee/Spouse - \$55.08
Family - \$76.32

Assurant Benefit Plan:

Employee - \$12.24
Employee/Child - \$19.80
Employee/Spouse - \$19.80
Family - \$30.28

All premiums are paid by the employees.

ADOPTED: _____, 2015

/mem

City of Chattanooga



Resolution Request Form

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

Date Prepared: 6-1-2015

Preparer: Madeline Green

Department: Human Resources

Brief Description of Purpose for Resolution:

Resolution Number (if approved by Council):

A resolution for the Director of Human Resources to enter into an agreement with BlueCross Blue Shield of Tennessee and

Assurant Employee Benefits to provide voluntary Dental Insurance to City Employees at the monthly rates of \$23.92 for

employee, \$45.04 for employee/child, \$55.08 for employee/spouse, \$76.32 for family for the BlueCross BlueShield of Tennessee plan

and \$12.24 for employee, \$19.80 for employee/child or employee/spouse and \$30.28 for family for the Assurant Benefit plan.

All premiums are paid by the employees.

Name of Vendor/Contractor/Grant, etc. BCBST, Assurant
Total project cost \$ 0.00
Total City of Chattanooga Portion \$ 0.00
City Amount Funded \$ na
New City Funding Required \$ 0.00
City's Match Percentage %

New Contract/Project? (Yes or No) yes
Funds Budgeted? (YES or NO) na
Provide Fund 1100
Provide Cost Center 000000, 125112
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