

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE DIRECTOR OF HUMAN RESOURCES TO RENEW THE EXISTING AGREEMENT WITH VOYA (RELIASTAR) TO INCREASE THE RATE FOR LONG TERM DISABILITY TO FIFTY-FIVE CENTS (\$0.55) PER ONE HUNDRED DOLLARS (\$100.00) OF COVERED SALARY AND TO RENEW THE EXISTING AGREEMENT FOR GROUP LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, FMLA LEAVE MANAGEMENT SYSTEM, VOLUNTARY SUPPLEMENTAL LIFE AND VOLUNTARY SHORT TERM DISABILITY INSURANCE FOR THE FOURTH YEAR OF A FIVE (5) YEAR CONTRACT AND TO INCREASE PURCHASE ORDER #522050 TO COVER THE COST OF THE EMPLOYEE PREMIUMS FOR SUPPLEMENTAL LIFE AND SHORT TERM DISABILITY, AS WELL AS THE GENERAL PENSION BOARD PREMIUMS FOR LONG TERM DISABILITY, IN THE AMOUNT OF ONE MILLION TWO HUNDRED TWENTY THOUSAND DOLLARS (\$1,220,000.00).

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That it is hereby authorizing the Director of Human Resources to renew the existing agreement with Voya (Reliastar) to increase the rate for long term disability to \$0.55 per \$100.00 of covered salary and to renew the existing agreement for group life and accidental death and dismemberment insurance, FMLA leave management system, voluntary supplemental life and voluntary short term disability insurance for the fourth year of a five (5) year contract and to increase purchase order #522050 to cover the cost of the employee premiums for supplemental life and short term disability, as well as the General Pension Board premiums for long term disability, in the amount of \$1,220,000.00.

ADOPTED: _____, 2016

/mem

City of Chattanooga



Resolution Request Form

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

Date Prepared: 5-24-2016

Preparer: Madeline Green

Department: Human Resources

Brief Description of Purpose for Resolution:

Resolution Number (if approved by Council) 28237

A resolution authorizing the Director of Human Resources to renew the existing agreement with Voya (Reliastar) to increase the rate for Long Term Disability to \$0.55 per \$100.00 of covered salary and to renew the existing agreement for Group Life

and Accidental Death and Dismemberment Insurance, FMLA Leave Management System, Voluntary Supplemental Life and Voluntary

Short Term Disability Insurance for the fourth year of a five year contract and to increase Purchase Order # 522050 to

\$1,220,000 to cover the cost of the employee premiums for Supplemental Life and Short Term Disability as well as the General

Pension Board premiums for long term disability.

Name of Vendor/Contractor/Grant, etc. Reliastar

New Contract/Project? (Yes or No) no

Total project cost \$ 1,220,000.00

Funds Budgeted? (YES or NO) yes

Total City of Chattanooga Portion \$ _____

Provide Fund 1100, 6521

City Amount Funded \$ _____

Provide Cost Center E00202, 10103

New City Funding Required \$ _____

Proposed Funding Source if not budgeted _____

City's Match Percentage % _____

Grant Period (if applicable) _____

List all other funding sources and amount for each contributor.

City General Pension Fund

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: _____

DESIGNATED OFFICIAL/ADMINISTRATOR

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