

RUSH!

Contract #: 040-S1010

CONTRACT ROUTING SHEET

Date Prepared: 06/19/09

Need Date: 06/23/09 or ASAP

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Donna Mullens
Phone #: X6060
Department: M. Allyn Bulzomi
Head Signature: *[Signature]*

CONTRACTOR:

Name: UHC Vision Care
Address: 8880 Cal Center Drive, #300
Sacramento, CA 95826
Phone: 916 403-0676

CONTRACTING DEPARTMENT: HR/Risk Management

Service Requested: Review of Vision Coverage Contract with UNC Vision Care
Contract Term: Annual Contract Value: \$23,000.00
Compliance with Human Resources requirements? Yes: x No:
Compliance verified by: M. Allyn Bulzomi

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: W recommendation Board be approved Disapproved: Date: 8/18/09 By: Judith A. Ken
Approved: Disapproved: Date: By:

- 1) Non-prosecution Identification of County Contract Administrator
- 2) Signatures of Parties to Contract -
- 3) Page 12 - must identify authorized representative of the County for purposes of Administration of the Contract
- 4) See section 16 - Refund of Benefits Paid by Third Parties provision - when covered person's own expenses were returned by the covered person from a third party, contractor is entitled to refund of expenses paid by contract. If not recovered the contractor will reduce future benefits.
- 5) Contract terminates automatically if premiums are not paid within 31 days and it terminates on date premiums were last paid (page 6)
- 6) Contractor can change rates with 60 days notice (page 6)

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: Date: 6/23/09 By: MW3
Approved: Disapproved: Date: By:

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By:

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HUMAN RESOURCES DEPT