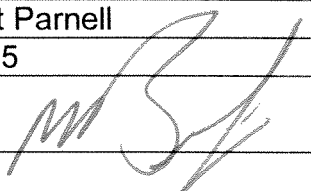


CONTRACT ROUTING SHEET

Date Prepared: 08/04/10

Need Date: 08/14/2010 or ASAP

PROCESSING DEPARTMENT:

Department: HR/Risk Management
Dept. Contact: Janet Parnell
Phone #: X6625
Department
Head Signature: 

CONTRACTOR:

Name: VSP
Address: 3333 Quality Drive
Rancho Cordova, CA
Phone: _____

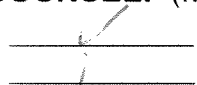

CONTRACTING DEPARTMENT: HR/Risk Management


Service Requested: Review VSP Contract 07/1/10-07/01/12

Contract Term: 2 Years Contract Value: Estimated \$375,000
Claims & Administrative Fees

Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: _____

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

Approved:  Disapproved: _____ Date: 8/18/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____



① Conditional -- The Amendment to Group Vision Care Agreement amending para 6.05 should either be incorporated into the Agreement or separately signed by the Parties. Otherwise the Amendment is not enforceable. 

② Non standard indemnity OK

③ Consider adding Business Associate Agreement HIPAA.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: _____ Date: 8/4/10 By: 
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: _____