

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 08/29/2022

Need Date: 09/07/2022

PROCESSING DEPARTMENT:

Department: CAO-Procurement & Contracts
Dept. Contact: Matthew Potter
Phone: X5417
Department Head Signature: Jon Manning
Digitally signed by Jon Manning
Date: 2022.08.24 08:30:05
-07'00'
Jon Manning, CPPB
Administrative Analyst Supervisor

CONTRACTOR:

Name: Self Insured Services dba Benefit Coordinators Corporation
Address: 2 Robinson Plaza, Suite 200
Pittsburgh, PA 15205
Phone: 412.446.4639
Org Code: 0800000
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Human Resources

Service Requested: Review and Approve

Description: First Amendment to Administration Agreement for Health Plan Third Party Administration

Contract Term: 3 years Contract Value: _____

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

Approved: Disapproved: Date: 09/01/2022 By: Stephen Mansell
Digitally signed by Stephen Mansell
Date: 2022/09/01 09:54:43 -07'00'
Approved: Disapproved: Date: _____ By: _____

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Sera Salmanyany
Digitally signed by Sera Salmanyany
Date: 2022.09.02 08:33:24 -07'00'

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 09/01/2022 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2022/09/01 17:20:28 -07'00'
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: _____

PLEASE EMAIL SIGNED DOCUMENT TO: cao-contracts-newrequests@edcgov.us