

CONTRACT ROUTING SHEET

Need Date: ASAP - RUSH.

CONTRACTOR:

Name: CSAC-EIA

Address: 75 Iron Point Circle

Folsom, CA 95630

Phone: 916-850-7300

Phone: 916-850-7300

Service Requested: Review CSAC-EIA Self-Funded Dental Program Renewal change the renewal date to December 31, 2014 and move to a calendar year.

Contract Term:	7/1/2014 - 12/31/2015	Contract Value:	\$0.00
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Compliance with Human Resources requirements?	Yes:	No:
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Compliance verified by: _____

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

Approved: ☒ Disapproved: ☐ Date: 4/30/14 By: Juan B. [Signature]

Approved: _____ Disapproved: _____ Date: 1/30/17 By: [Signature]

Already approved by PTF on 4/29/14 - Ong was clipped to diff
subject.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 5/2/14 By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

nothing for risk

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

Departments:

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: 90:01 WW By: _____

April 8, 2014

El Dorado County

RE: EIA Dental Program Renewal

Dear EIA Program Member:

We want to thank you for your continuing participation and support as a valued member and participant in the EIA Dental Program. The EIA Dental Program continues to successfully provide its members with cost stability and the most competitive fixed costs.

Your self funded dental administration is scheduled to renew July 1, 2014 for a period of six (6) months, continuing uninterrupted until December 31, 2014.

To finalize this renewal, please complete the EIA Dental Program Renewal Confirmation notice attached. Renewal confirmations are due by April 25, 2014. If we do not receive your renewal confirmation notice by April 25, 2014 we will assume that you agree with the renewal and we will continue your coverage with no plan changes.

If you would like to make any plan changes, let your Alliant Account Executive know by March 28, 2014. Thank you for the opportunity to meet your employee benefit needs.

Sincerely,



Michelle Kangiszer
Program Account Executive
Alliant Insurance Services, Inc

cc: Sidney DiDomenico, EIA Benefits Manager
Alliant Service teams

April 8, 2014

EIA DENTAL RENEWAL CONFIRMATION

El Dorado County

Effective Period: July 1, 2014 through December 31, 2014

- ☐ Option A: Renew with no plan changes
- ☐ Option B: We would like to confirm our renewal with the following plan changes-

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Please send your confirmation to Alliant Insurance Services by April 25, 2014.

EI Dorado County - Renewal Action**EIA Administration**

Group Number	Self Funded
Current Administration	353
	7.20% of Claims + \$0.85 PEPM

Group Number	Self Funded
Renewal Administration Effective: July 1, 2014	353
	7.20% of Claims + \$0.85 PEPM