

PROFESSIONAL SERVICE CONTRACT 1684 R4e

INSTRUCTIONS: (Type or Print Form)
 Mail to: Accounts Payable, Courthouse - Room 301 and Community Business Development Partners, City Campus - 8th Floor

Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures

DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG NO.
Human Resources	194	1140

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.
95411			X	

NAME OF VENDOR	ADDRESS
Voya Financial-Reliastar Life Insurance Company	20 Washington Avenue South Minneapolis, MN 55401 (This address to be used for checks)

TAX I.D. NO.	EFFECTIVE DATES: begin date end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
41-0451140	01/01/22 12/31/24	36		\$290,394

ACCOUNTING INFORMATION

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2022	01	0001	194	1950			5387				\$ 96,798.00
2023	01	0001	194	1950			5387				\$ 96,798.00
2024	01	0001	194	1950			5387				\$ 96,798.00

PURPOSE OF CONTRACT

Voya to provide FMLA Administration

Was County Board approval received prior to contract execution or contract amendment or extension?
 If YES, give County Board File No. _____ Date Approved _____
 If NO, why is County Board approval not required? _____

Was Corp Counsel, DBD Division and Risk Managmnt approval received prior to execution of contract? YES NO
 Was Contract executed prior to work being performed? YES NO
 Is Vendor a certified professional service DBE? YES NO

Tony L Maze
 Prepared By Date

Director, Benefits Administration
 Title
 Director, Benefits Administration
 Title

Signature of County Administrator Date