AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: First Amendment to the Plan; Gunnison County, Colo

Action Requested: County Manager Signature

Parties to the Agreement: CoreSource, Inc. and Gunnison County

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

First Amendment to the Dental & Vision Benefit Plans referencing NGS American, Inc. is replaced with CoreSource, Inc.

Fiscal Impact:

Submitted by: Cheryl L. Seling **Submitter's Email Address:** cseling@gunnisoncounty.org

Finance Review: ○ Required ◉ Not Required

Comments:

Reviewed by: Discharge Date:

County Attorney Review: ◉ Required ○ Not Required

Comments:
ok - gs

Reveiwed by: GUNCOUNTY1\gstuhr Discharge Date: 7/26/2016 Certificate of Insurance Required Yes ○ No ◉

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 7/28/2016

◉ Consent Agenda ○ Regular Agenda ○ Worksession Time Allotted: 0

Agenda Date: 8/2/2016

Revised April 2015

FIRST AMENDMENT TO THE PLAN

This is an Amendment to the GUNNISON COUNTY, COLORADO EMPLOYEE VISION BENEFIT PLAN (the Plan), EFFECTIVE JANUARY 1, 2016.

WHEREAS, Gunnison County, Colorado has adopted the Plan; and

WHEREAS, the Plan provides that Gunnison County, Colorado has the right to amend the Plan at anytime; and

WHEREAS, Gunnison County, Colorado wants to amend the Plan to reflect the new claims processor;

NOW, THEREFORE, BE IT RESOLVED, that the Plan is hereby amended as follows:

All references to "NGS American, Inc.," in the Plan is replaced with "CoreSource, Inc."

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All references to NGS American, Inc., 27575 Harper, P.O. Box 7680, St. Clair Shores, Michigan 48080-7680 in the Plan is replaced with CoreSource, Inc., P.O. Box 2310, Mt. Clemens, MI 48046.

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IN WITNESS WHEREOF, **Gunnison County, Colorado** has adopted this First Amendment to the Plan, this _____ day of _____, 2016.

Gunnison County, Colorado

BY: _____

TITLE: _____

SUMMARY OF PLAN CHANGE TO
GUNNISON COUNTY, COLORADO EMPLOYEE VISION BENEFIT PLAN
EFFECTIVE JANUARY 1, 2016.

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