

BOARD OF SUPERVISORS AGENDA ITEM SUMMARY

Requested Board Meeting Date: 8/6/13

ITEM SUMMARY, JUSTIFICATION and/or SPECIAL CONSIDERATIONS

Amendment of Award: MA# 1400000000000000020 (former contract # 12-43-A-140872-0508), Amendment #02/MA Version #1, ADP Inc, to continue providing ADP Employee Benefits Enrollment Services, extend contract term to 06/30/14 with the option to renew for one (1) year period, amend contractual language, and increase contract amount by \$300,000.00. Funding Source: General Fund, Administering Department: Human Resources Department.

BACKGROUND

The contract was initially awarded by the Procurement Director on 9/30/08 in an annual amount of \$0.00 (service fees were paid by insurance carrier, UHC) and included four one-year renewals, which have been exhausted. The contract's current termination date is 5/14/13.

The County's recent decision to become self-insured and change its provider of employee health care benefits from United Healthcare (UHC) has disrupted payment for this contract. As part of the change to self-insured, the County will need to move forward and assume the costs associated with this system until the implementation of the new enterprise system with ADP is complete, which is estimated to be August of 2014.

The costs associated for the remainder of the time with the current system is approximately \$300,000.00 per year. This amount was anticipated at the time FY 2013-2014 budget was developed and according to Finance there are sufficient funds to cover this expense.

Effective Date: 07/01/13

New Termination Date: 06/30/14

Original Contract Amount: \$0.00

Prior Amendment Amounts: \$0.00

This Amendment Amount: \$300,000.00

Revised Contract Amount: \$300,000.00

Contract Officer: Ana Wilber, Phone number 724-8166, Procurement Department

Payment System: AMS Financial System

Contract number: MA-PO-14*020-02
Effective Date: 8-6-13
Term Date: 4-30-14
Cost: \$300,000.-
Revenue: _____
Total: _____ NTE: _____
Action: 2-1-14
Renewal By: _____
Term: 4-30-14
Reviewed by: JR

CLERK OF BOARD USE ONLY: BOS MTG. _____ ITEM NO. _____

Procure Dept 07/22/13 AM 07:46

To: COB - 7.24.13
Agenda - 8.6.13
(1)

[illegible]

All other terms and conditions of the Agreement shall remain in full force and effect. In the event of any conflict between the terms and conditions of this Addendum and the terms and conditions of the Agreement, this Addendum shall prevail. The terms defined in the Agreement and used in this Addendum shall have the same respective meanings as set forth in the Agreement, unless clearly otherwise defined in this Addendum.

IN WITNESS WHEREOF, this Addendum to the Agreement is hereby executed by an authorized representative of each party hereto as of the date first above written.

ADP, INC.

PIMA COUNTY

By: *Janice M. Boyle*

By: _____

Name: *Janice M. Boyle*

Name: _____

Title: **Service Center DVP****

Title: _____

**** NOTE: ONLY THE SERVICE CENTER DVP OR DESIGNATED FINANCIAL EXECUTIVE OF THE AFFECTED REGION IS AUTHORIZED TO EXECUTE THIS ADDENDUM ON BEHALF OF ADP.**

APPROVED AS TO FORM:

Tobin Rosen **TOBIN ROSEN**

Deputy County Attorney

for Marc Nadeltsky

EXHIBIT D



Statement of Work

All Fields Required

Contact Information

Company Name:	Pima County	HRB Company ID:	pimacounty	ADP Case#	24533297
Co Code:	18T	Region:	0073	ADP Product Code	8G - HRB
Contact Name:	Terri Morando	Contact Email Address:	terri.morando@pima.gov		
Contact Phone#:	(520) 740-2792	Form Completed By:	Rosanne Pascascio		

Project Information

Project Title: Standard / Non-Standard Connection

Project Description: ADP will develop and implement each of the Connections listed below. Development and implementation of certain connections are dependent upon the total employee population in the ADP HR&B module. In some cases Implementation is also dependent upon a vendor's ability to accept and process an electronic file. *Please Note: The Implementation of a carrier connection may take up to 12 weeks, please see your Implementation Consultant for additional details about your specific request.*

- ☒ Standard - SCN F003xx - \$2100; Carrier Name: Aetna Medical
- ☒ Standard - SCN F003xx - \$2100; Carrier Name: ASI COBRA
- ☐ Standard - SCN F003xx - \$2100; Carrier Name:
- ☐ Standard - SCN F003xx - \$0.00; Carrier Name:
- ☐ Standard - SCN F003xx - \$; Carr ier Name:
- ☐ Standard - SCN F003xx - \$; Carr ier Name:
- ☐ Non-Standard - SCN F0035x \$; Carr ier Name:
- ☐ Non-Standard - SCN F0035x \$; Carrier Name:
- ☐ Non-Standard - SCN F0035x \$; Carr ier Name:
- ☐ Non-Standard - SCN F0035x \$; Carr ier Name:
- ☐ ADP FSA Connection - SCN F00160 - no charge
- ☐ ADP COBRA Connection - SCN F00140 - no charge
- ☐ Stand-alone Payroll Connection - SCN F00200 - \$1500
- ☐ Standard Employee Connection - SCN F00210 - \$1500
- ☐ Standard Enrollment - SCN F00210 - \$1500
- ☐ Full File Data Export - SCN F00220 - \$1500
- ☐ Historical Data Extract - SCN F00220 \$2000
- ☐ Archived Data Export - SCN F00220 - \$500
- ☐ Automated Import Service - SCN F00240 - \$4000
- ☐ \$; Connection Type/Carrier Name:
- ☐ Connection Request Form provided to client. Development will begin when form is returned.

Comments:

Fees

Total Connections: 2

Total Charges: \$4,200.00

Disclaimer and Signature

- All Services performed by ADP hereunder shall be subject to the terms and conditions of the Client's Major Accounts Agreement.
- The charge for services will be billed at the time each connection is placed into production.
- A professional service fee may be charged for the completion of requests to modify the listed connections if received 30 days after production notification. Such maintenance requests include changes to the configuration of a file or changes to documented requirements. Service fees will be charged at the rate of \$175.00 per hour.

Please sign and fax back to 847.228.4540

I have read, understand, and agree to the terms of this Statement of Work.

Signature:

Date:

2/27/13