



## BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 09/19/2023

\* = Mandatory, information must be provided

or Procurement Director Award: ☐

**\*Contractor/Vendor Name/Grantor (DBA):**

Securian Life Insurance Company

**\*Project Title/Description:**

Supplemental Benefits

**\*Purpose:**

Amendment of Award: Master Agreement No. MA-PO-22-082, Amendment No. 01. This amendment is for a one-time increase in the amount of \$3,500,000.00 for a cumulative not-to-exceed contract amount of \$4,500,000.00 and appends the Forced Labor of Ethnic Uyghurs provision to the contract, pursuant to A.R.S. § 35-394.

Administering Department: Human Resources.

**\*Procurement Method:**

Pursuant to Pima County Procurement Code 11.12.020, Competitive sealed proposals, on 02/15/2022, the Board of Supervisors approved an award of contract for an initial term of five (5) years in the not-to-exceed amount of \$1,000,000.00 and includes five (5) one-year renewal options.

This increase is needed as employee enrollment has exponentially increased as a result of lower rates being offered under this contract.

PRCUID: 426217

Attachment: Contract Amendment No. 01.

**\*Program Goals/Predicted Outcomes:**

To provide affordable voluntary supplemental benefit options for our employees at a group rate.

**\*Public Benefit:**

County able to attract qualified applicants with enhanced benefits package.

**\*Metrics Available to Measure Performance:**

Ensure plans and administration is adequate to support Pima County employees.

**\*Retroactive:**

No.

TO: COR 9/1/2023  
VERSION 3  
2 pages

**THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED**

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (\*) fields

**Contract / Award Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_  
 Commencement Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Prior Contract Number (Synergen/CMS): \_\_\_\_\_  
☐ Expense Amount \$ \_\_\_\_\_ ☐ Revenue Amount: \$ \_\_\_\_\_

**\*Funding Source(s) required:** \_\_\_\_\_

Funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

If Yes, is the Contract to a vendor or subrecipient? \_\_\_\_\_

Were insurance or indemnity clauses modified? ☐ Yes ☐ No  
 If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No  
 If Yes, attach the required form per Administrative Procedure 22-10.

**Amendment / Revised Award Information**

Document Type: MA Department Code: PO Contract Number (i.e., 15-123): 22-082  
 Amendment No.: 01 AMS Version No.: 3  
 Commencement Date: 09/19/23 New Termination Date: \_\_\_\_\_

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

☒ Expense ☐ Revenue ☒ Increase ☐ Decrease

Amount This Amendment: \$ 3,500,000.00

Is there revenue included? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_

**\*Funding Source(s) required: Employee Contributions**

Funding from General Fund? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

**Grant/Amendment Information** (for grants acceptance and awards)

☐ Award ☐ Amendment

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Grant Number (i.e., 15-123): \_\_\_\_\_  
 Commencement Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Amendment Number: \_\_\_\_\_  
☐ Match Amount: \$ \_\_\_\_\_ ☐ Revenue Amount: \$ \_\_\_\_\_

**\*All Funding Source(s) required:** \_\_\_\_\_

\*Match funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Match funding from other sources? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Funding Source: \_\_\_\_\_

\*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?

Contact: Procurement Officer: Kelsey Braun-Shirley Digitally signed by Kelsey Braun-Shirley  
Date: 2023.08.30 10:20:57 -07'00' Division Manager: Ana Wilber Digitally signed by Ana Wilber  
Date: 2023.08.30 11:35:40 -07'00'  
 Department: Procurement Director: Terri Spencer Digitally signed by Terri Spencer  
Date: 2023.08.31 08:36:38 -07'00' Telephone: 520-724-7466

Department Director Signature: [Signature] Date: 8/31/2023  
 Deputy County Administrator Signature: [Signature] Date: 8-31-2023  
 County Administrator Signature: \_\_\_\_\_ Date: 8/31/2023

**Pima County Department of Human Resources**

**Project: Supplemental Benefits**

**Contractor: Securian Life Insurance Company**  
400 Robert Street North  
St. Paul, MN 55101

**Contract No.: MA-PO-22-082**

**Contract Amendment No.: 01**

<b>Orig. Contract Term:</b> 07/01/2022 - 06/30/2027	<b>Orig. Amount:</b>	\$ 1,000,000.00
<b>Termination Date Prior Amendment:</b> N/A	<b>Prior Amendments Amount:</b>	\$ 0.00
<b>Termination Date This Amendment:</b> 06/30/2027	<b>This Amendment Amount:</b>	\$ 3,500,000.00
	<b>Revised Total Amount:</b>	\$ 4,500,000.00

**CONTRACT AMENDMENT**

The parties agree to amend the above-referenced contract as follows:

**1. Background and Purpose.**

1.1. Background. On July 1, 2022, County and Contractor entered into the above referenced agreement to provide Supplemental Benefits.

1.2. Purpose. County requires continuing supplemental benefits plan services.

**2. Maximum Payment Amount.** The maximum amount the County will spend under this Contract, as set forth in Section 5.2 is increased by \$3,500,000.00. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$4,500,000.00.

**3. Forced Labor of Ethnic Uyghurs.** Pursuant to A.R.S. § 35-394, if Contractor engages in for-profit activity and has 10 or more employees, Contractor certifies it is not currently using, and agrees for the duration of this Contract to not use (1) the forced labor of ethnic Uyghurs in the People's Republic of China; (2) any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China; and (3) any contractors, subcontractors or suppliers that use the forced labor or any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China. If Contractor becomes aware during the term of the Contract that the Company is not in compliance with A.R.S. § 35-394, Contractor must notify the County within five business days and provide a written certification to County regarding compliance within one hundred eighty days.

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

This contract template has been approved as to form by the Pima County Attorney's Office.

**PIMA COUNTY**

\_\_\_\_\_  
Chair, Board of Supervisors

\_\_\_\_\_  
Date

**ATTEST**

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Date

**CONTRACTOR**

Kyle Strese  
Authorized Officer Signature

Kyle Strese - 2nd Vice President and Actuary

\_\_\_\_\_  
Printed Name and Title

08/29/2023

\_\_\_\_\_  
Date

APPROVED AS TO CONTENT

Manuel Lopez #1/CS  
Department Head

Aug 31, 2023  
Date