

## **AGENDA REQUEST FORM**

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Edic school	MEETING DATE	Jul 26 20	)16 10:15AM - Regu	lar School Board Meeting	Special Order  O Yes	Request No	
ITEM No.:	AGENDA ITEM	OPEN IT	EMS				
EE-7.	CATEGORY EE. OFFICE OF STRAT			' & OPERATIONS	I ime	Time	
TITI E.			nent & Warehousing		Open Age  Yes	enda O No	
TITLE:	f \$500,000 or Greater - 17-	010V - Gro	un Dental Insurance and	Group Vision Insurance for School B	L		
Necommendation o	T \$300,000 OF Greater = 17-	0100 - 0100	up Derital Insulative and	Group vision risurance for School B	oard Employees		
Department: Benefi	mendation to award the abo ts and Employment Service , Inc.) and Metropolitan Life	s; Award A	mount: \$27,000,000; Awa	ntract Term: January 1, 2017, through arded Vendor(s): CompBenefits Com a Life Insurance Company and Huma	npany and CompBenefits Insu	rance	
SUMMARY EXI	PLANATION AND BA	CKGRO	UND:				
enhanced options. A copy of the RFP of http://www.broward. These Agreements  SCHOOL BOAL  Goal 1: FINANCIAL IMI  The estimated finance	documents are available on .k12.fl.us/supply/agenda/17 have been reviewed and a	line at: '-010V-RFP pproved as  tion  ill be \$27,00	Goal 2: Continuo	Visioninsurance-SchoolBoardEmplo by the Office of the General Counse  us Improvement	oyees.pdf el. al 3: Effective Commun	ication	
EXHIBITS: (Lis	st)						
	of Summary Explanation	and Back	ground (2) Executive	Summary (3) Agreements-2-Vis	sion (4) Agreements-2-De	ntal (5)	
BOARD ACTIO	OARD ACTION: SOURCE OF ADDITIONAL INFORMATION:						
AP	ROVED	Name: Dr. Dildra		Ogburn	Phone: 754-32	1-3100	
(For Official Sch	nool Board Records Office Only	,	Name: Mary C. C	oker	Phone: 754-32	1-0501	
THE SCHOO Senior Leader	L BOARD OF BR & Title	OWAR	D COUNTY, FLO	RIDA	1111 0 0 0040		
Maurice L. Woo	ce L. Woods - Chief Strategy & Operations Officer			Approved In Open Board Meeting on:  JUL 2 6 2016			
Signature Mouries Woods				Bv.	man. N M		
Maurice Woods 7/18/2016, 2:04:05 PM					in man reduced		
Electronic Signature	·	4:UO PIM		]	School Board Chai	محل	

Form #4189 Revised 04/16
RWR/ MLW/MCC/DO:ch