



Abby Cochran

**RCA Request for Council Action**  
**SUBJECT AND PURPOSE INFORMATION**

Requestor

01/15/2016

Date

Respectfully request legislation to authorize the Mayor to sign the Addendum to Extend the Agreement For  
An Additional Period with Sedgwick Claims Management Services, Inc.

Please describe nature of action requested (type of legislation requested; nature of agreement, amendment,  
or communication, etc.) **in detail.**

Provides Third-Party Administrator (TPA) Services for our workers compensation claims

Sedgwick Claims Management Services, Inc., 3455 Mill Run Dr, Ste 800, Hilliard, OH 43026

Street address, City, ST, ZIP Code (if applicable, i.e., contracts, agreements, etc.)

**Type of Request**

Discussion Item on Agenda

Ordinance

Motion Resolution

Resolution

Statutory Resolution

Previous Related Legislation \_\_\_\_\_

Waiver

Emergency

**Funding. If Supplemental Needed [Account Number and Name]**

\$0.00

Amount

From the unappropriated, unencumbered balance of the \_\_\_\_\_ Fund

\_\_\_\_\_  
To Account No.

\_\_\_\_\_  
To Account Name

**Funding. If Already Appropriated [Account Number and Name]**

\$14,200.00

Amount

900125.5249

Account No.

Self-Insurance Workers Compensation Fund - Contract Services

Account Name

**Funding. If Transfer Needed [attach page 2 transfer table]**

\*Attach additional documentation, if applicable.

Page 2 attachment for budget/fund transfers

Approved by Finance

