



Sue Wadley

RCA Request for Council Action
SUBJECT AND PURPOSE INFORMATION

Requestor

11/19/2015

Date

To Authorize the Mayor to sign an Agreement with the CENTRAL OHIO HEALTH CARE CONSORTIUM (COHCC) for Joint self-Insurance Program effective January 1, 2016 to provide employee healthcare coverage.

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

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]

Amount

From the unappropriated, unencumbered balance of the _____ Fund

To Account No.

To Account Name

Funding. If Already Appropriated [Account Number and Name]

Amount

Multiple Accounts

Health Insurance

Account No.

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

