



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP NUMBER: 22RFP092722C-MH

BID/RFP TITLE: Healthcare Benefits Consulting Services

ORIGINAL APPROVAL DATE: February 15, 2023

RENEWAL EFFECTIVE DATES: January 1, 2025 through December 31, 2025

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$340,000.00

COMPANY'S NAME: The Segal Company (Southeast), Inc, (d/b/a/Segal).

ADDRESS: One Paces West, 2727 Paces Ferry Road SE, Suite 1400

CITY: Atlanta

STATE: GA

ZIP: 30339

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 12/4/2024 BOC NUMBER: 24-0831

CERTIFICATE OF INSURANCE: The Contractor/Vendor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Contractor/Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA

Signed by:

Robert L. Pitts

14E1B4AA5F6A44A...

**Robert L. Pitts, Chairman
Fulton County Board of Commissioners**

**The Segal Company (Southeast),
Inc, (d/b/a/Segal)**

DocuSigned by:

Gina Sander

VP, Sr. Consultant

ATTEST:

Signed by:

Tonya R. Grier

EFC476C4837648D...

**Tonya R. Grier
Clerk to the Commission**

(Affix County Seal)

Signed by:



**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by:

Hakeem Oshikoya

756CC84560784CE...

**Hakeem Oshikoya,
Finance Director**

Signed by:

Zandra Halley

8F9BE86CCAF4A45...

Notary Public

County: Cobb

Commission Expires: July 29, 2025

(Affix Notary Seal)

Signed by:



ITEM#: 24-0831 **RM:** 12/4/2024

REGULAR MEETING

ITEM#: _____ **2nd RM:** _____

SECOND REGULAR MEETING

CERTIFICATE OF INSURANCE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/04/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Segal Select Insurance Services, Inc. 333 West 34th Street New York NY 10001-2402	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Susan Ginexi</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (212) 251-5000</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: sginexi@segalco.com</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Federal Insurance Company</td> <td style="text-align: center;">20281</td> </tr> <tr> <td>INSURER B: Pacific Indemnity Company</td> <td style="text-align: center;">20346</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Susan Ginexi		PHONE (A/C, No, Ext): (212) 251-5000	FAX (A/C, No):	E-MAIL ADDRESS: sginexi@segalco.com		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Federal Insurance Company	20281	INSURER B: Pacific Indemnity Company	20346	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:																					
INSURER F:																					
INSURED The Segal Company (Southeast), Inc. 2727 Paces Ferry Road SE Bldg. 1, Suite 1400 Atlanta GA 30339-4053																					

COVERAGES**CERTIFICATE NUMBER:** CL244401336**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	Y	3603-81-14	02/28/2024	02/28/2025	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
							MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ Included	
	OTHER:							\$	
A	AUTOMOBILE LIABILITY	Y	Y	(24) 7359-69-84	02/28/2024	02/28/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident)	\$
								\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y	Y	7989-62-28	02/28/2024	02/28/2025	EACH OCCURRENCE	\$ 25,000,000	
	<input type="checkbox"/> EXCESS LIAB						<input type="checkbox"/> CLAIMS-MADE	AGGREGATE	\$ 25,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y	7173-83-81	02/28/2024	02/28/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						Y / N	E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> N	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Fulton County Government, its' officials, officers and employees are included as an Additional Insured ATIMA where required by written contract. Primary Non-Contributory and Waiver of Subrogation status applies subject to policy terms and conditions.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government - Purchasing Dept. 130 Peachtree Street S.W. Suite 1168 Atlanta GA 30303-3459	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE Segal Select Insurance Services, Inc.</p>
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Certificate Of Completion

Envelope Id: 4F1D6AD4-2D62-409E-B42F-660951E269A1

Status: Completed

Subject: Renewal Segal Company Healthcare Benefits Consultant Agenda 24-081 December6, 2024

Parcel ID:

Source Envelope:

Document Pages: 4

Signatures: 5

Envelope Originator:

Certificate Pages: 6

Initials: 0

Mark Hawks

AutoNav: Enabled

Stamps: 2

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Atlanta, GA 30303

mark.hawks@fultoncountyga.gov

IP Address: 74.174.59.4

Record Tracking

Status: Original

Holder: Mark Hawks

Location: DocuSign

12/2/2024 7:10:08 AM

mark.hawks@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: DocuSign

Signer Events

Gina Sander

gsander@segalco.com

VP, Sr. Consultant

Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

Gina Sander
AD56099C09BD4E2...

Timestamp

Sent: 12/5/2024 12:44:45 PM

Viewed: 12/5/2024 12:46:44 PM

Signed: 12/5/2024 12:48:18 PM

Signature Adoption: Pre-selected Style

Using IP Address: 208.87.234.202

Electronic Record and Signature Disclosure:

Accepted: 12/5/2024 12:46:44 PM

ID: 266073c3-a058-4063-b07d-ef9deaf1f825

Zandra Halley

zhalley@segalco.com

Security Level: Email, Account Authentication (None)

Signed by:

Zandra Halley
8F9EB8CCAF4A5...



Sent: 12/5/2024 12:48:20 PM

Viewed: 12/6/2024 5:09:52 AM

Signed: 12/6/2024 5:12:16 AM

Signature Adoption: Pre-selected Style

Using IP Address: 208.87.234.202

Electronic Record and Signature Disclosure:

Accepted: 12/6/2024 5:09:52 AM

ID: 974d63a3-2840-4d70-81c6-1a1fa745575e

Mark Hawks

mark.hawks@fultoncountyga.gov

Chief Assistant Purchasing Agent

Purchasing and Contract Compliance

Security Level: Email, Account Authentication (None)

Completed

Sent: 12/6/2024 5:12:18 AM

Viewed: 12/6/2024 5:13:45 AM

Signed: 12/6/2024 5:14:25 AM

Using IP Address: 75.43.131.94

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signer Events	Signature	Timestamp
<p>Verna Thomas verna.thomas@fultoncountyga.gov Employee Benefits Manager FINANCE DEPARTMENT Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 12/6/2024 5:17:07 AM ID: 23a630f8-706d-49a3-bbf7-ccc58e9da3a6</p>	<p>Completed</p> <p>Using IP Address: 73.54.163.127</p>	<p>Sent: 12/6/2024 5:14:27 AM Viewed: 12/6/2024 5:17:07 AM Signed: 12/6/2024 9:14:23 AM</p>
<p>Hakeem Oshikoya hakeem.oshikoya@fultoncountyga.gov Finance Director Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>DocuSigned by:  756CC64560784CE...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 99.103.105.55</p>	<p>Sent: 12/6/2024 9:14:25 AM Viewed: 12/6/2024 9:22:15 AM Signed: 12/6/2024 9:22:27 AM</p>
<p>Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8</p>	<p>Completed</p> <p>Using IP Address: 68.208.197.4</p>	<p>Sent: 12/6/2024 9:22:29 AM Viewed: 12/6/2024 4:13:15 PM Signed: 12/9/2024 8:14:37 AM</p>
<p>Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 12/10/2024 3:11:49 AM ID: a0599309-6572-4c43-8551-30fec2d06e10</p>	<p>Signed by:  14E1B4AA5F6A44A...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 166.137.19.49 Signed using mobile</p>	<p>Sent: 12/9/2024 8:14:40 AM Viewed: 12/9/2024 2:17:31 PM Signed: 12/10/2024 3:12:04 AM</p>
<p>Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 3/16/2018 7:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4</p>	<p>Signed by:  EEC476C4837648D...</p> <p></p> <p>Signature Adoption: Uploaded Signature Image Using IP Address: 99.96.24.191 Signed using mobile</p>	<p>Sent: 12/10/2024 3:12:07 AM Viewed: 12/10/2024 3:12:44 AM Signed: 12/10/2024 3:12:52 AM</p>

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Ray Turner Ray.Turner@fultoncountyga.gov Deputy Director Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/10/2024 3:12:55 AM Viewed: 12/10/2024 3:41:30 AM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/10/2024 3:12:56 AM Viewed: 12/10/2024 3:55:06 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/5/2024 12:44:45 PM
Certified Delivered	Security Checked	12/10/2024 3:12:44 AM
Signing Complete	Security Checked	12/10/2024 3:12:52 AM
Completed	Security Checked	12/10/2024 3:12:57 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: glenn.king@fultoncountyga.gov

To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at glenn.king@fultoncountyga.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

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- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.