



CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP# NUMBER: 21RFP071321C-MH

BID/RFP# TITLE: Employee Voluntary Benefits

ORIGINAL APPROVAL DATE: August 7, 2019

RENEWAL EFFECTIVE DATES: January 1, 2023 THROUGH December 31, 2023

RENEWAL OPTION #: 1 OF 4

NUMBER OF RENEWAL OPTIONS: 4

RENEWAL AMOUNT: 100% employee paid premiums based on approved rates

COMPANY'S NAME: Metropolitan Life Insurance Company (MetLife)

ADDRESS: 1200 Abernathy Road NE, Building 600, Suite 1450

CITY: Atlanta

STATE: GA

ZIP: 30328

**This Renewal Agreement No. ____ was approved by the Fulton County Board of
Commissioners on BOC DATE: _____ BOC NUMBER: _____**

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

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

**METROPOLITAN LIFE INSURANCE
COMPANY (METLIFE)**

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

[Insert name]
[Insert title]

ATTEST:

ATTEST:

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

**Secretary/
Assistant Secretary**

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

**Hakeem Oshikoya, Finance Director
Finance Department**

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____	RCS: _____
RECESS MEETING	

ITEM#: _____	RM: _____
REGULAR MEETING	