



CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP# NUMBER: RFP 19-RFP060519C-MH

BID/RFP# TITLE: Employee Benefits Health Plan (Basic & Enhanced Medicare Advantage Plans)

ORIGINAL APPROVAL DATE: August 7, 2019

RENEWAL EFFECTIVE DATES: January 1, 2024 THROUGH December 31, 2024

RENEWAL OPTION #: 4 OF 4

NUMBER OF RENEWAL OPTIONS: 4

RENEWAL AMOUNT: Per enrollment based on approved premium rates.

COMPANY'S NAME: Aetna Inc.

ADDRESS: 3350 Peachtree Road

CITY: 1100 Abernathy Road, Suite 375

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

AETNA, INC.

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: _____	ITEM#: _____ RM: _____
RECESS MEETING	REGULAR MEETING

