



CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP# NUMBER: 21RFP071321C-MH

BID/RFP# TITLE: Employee Voluntary Benefits

ORIGINAL APPROVAL DATE: September 1, 2021

RENEWAL EFFECTIVE DATES: January 1, 2026 THROUGH December 31, 2026

RENEWAL OPTION #: 4 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:

CERTIFICATE OF INSURANCE: The Contractor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor 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 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:

**Ray Turner, Finance Interim Director
Finance Department**

Notary Public

County:_____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____	ITEM#: _____ RM: _____
FIRST REGULAR MEETING	SECOND REGULAR MEETING

CERTIFICATE OF INSURANCE