



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Department of Finance

BID/RFP# NUMBER: 19RFP524216C-BKJ

BID/RFP# TITLE: 457(b) Deferred Compensation Plan Administrator

ORIGINAL APPROVAL DATE: 12/4/2019

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

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: Contributions are 100% employee paid – no cost to the County

COMPANY'S NAME: Great-Westlife & Annuity Insurance Company ("Great-West") which operates primarily as Empower Retirement, LLC ("Empower")

ADDRESS:

CITY:

STATE:

ZIP:

This Renewal Agreement No. ____ was approved by the Fulton County Board of Commissioners on [Insert approval date and Item Number].

RENEWAL OF CERTIFICATE OF INSURANCE: The Contractor/Vendor is required to maintain insurance during the entire term of this Agreement, including contract renewal options. The Contractor/Vendor must furnish the County a renewal Certificate of Insurance showing the required coverage as specified in the Contract Agreement. A current COI must be provided before the commencement of work on this project. 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

**GREAT-WESTLIFE & ANNUITY
INSURANCE COMPANY ("GREAT-
WEST") WHICH OPERATES PRIMARILY
AS EMPOWER RETIREMENT, LLC
("EMPOWER")**

**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, Director
Department of Finance**

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____ RECESS MEETING	ITEM#: _____ RM: _____ REGULAR MEETING
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CERTIFICATE OF INSURANCE