



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP NUMBER: 24RFP050124C-MH

BID/RFP TITLE: Employee Healthcare Benefits Plan (Medical and Pharmacy)

ORIGINAL APPROVAL DATE: September 18, 2024

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

RENEWAL OPTION #: 1 OF 4

NUMBER OF RENEWAL OPTIONS: 4

RENEWAL AMOUNT: Enrollment based on approved rates

COMPANY'S NAME: Kaiser Foundation Health Plan of Georgia, Inc.

ADDRESS: 3495 Piedmont Road NE

CITY: Atlanta

STATE: GA

ZIP: 30305

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

Kaiser Foundation Health Plan of Georgia

**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:

[Insert Department Head Name & Title]
Finance

Notary Public

County:_____

Commission Expires: _____

(Affix Notary Seal)

| | |
|--------------------------------------|---|
| ITEM#: _____ RM: _____ | ITEM#: _____ 2nd RM: _____ |
| FIRST REGULAR MEETING | SECOND REGULAR MEETING |

CERTIFICATE OF INSURANCE