



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL

DEPARTMENT: Finance

BID/RFP# DESCRIPTION: Employee Benefits Health Plan (Vision)

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

ORIGINAL APPROVAL DATE: August 7, 2019

RENEWAL PERIOD: FROM: January 1, 2022 THROUGH December 31, 2022

RENEWAL OPTION #: Two of Four

NUMBER OF RENEWAL OPTIONS: Four

RENEWAL AMOUNT: \$0.55 per enrollee per month

COMPANY'S NAME: EyeMed Vision Care, LLC

ADDRESS: 4000 Luxottica Place

CITY: Mason

STATE: Ohio

ZIP: 45040

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

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Jeremy Pereira; VP, Sales & Account Mgmt
EyeMed Vision Care

ATTEST:

ATTEST:

Tonya R. Grier
Interim Clerk to the Commission

**Secretary/
Assistant Secretary**

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

Lisa K Bizzarro
Notary Public



Lisa K Bizzarro
Notary Public
In and For the State of Ohio
My Commission Expires
09 May 2023

County: Warren

Commission Expires: 05-09-2023

(Affix Notary Seal)

ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: _____ RM: _____
REGULAR MEETING

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: 19-----RFP060519C-MH

FULTON COUNTY, GEORGIA

Eyemed Vision Care, LLC

DocuSigned by:

Robert L. Pitts

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

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837646D...

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

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

DocuSigned by:

Hakeem Oshikoya

756CC64560764CE...

Hakeem Oshikoya

Finance Director

Finance Department

ATTEST:

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

Please select RCS or RM from the checkbox

X

RCS

X

RM

**ITEM#: xxx RCS: xxx
RECESS MEETING**

**ITEM#: 2021-0648 RM: 9/1/2021
REGULAR MEETING**