



## CONTRACT RENEWAL AGREEMENT

**DEPARTMENT: Finance**

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

**BID/RFP TITLE: Employee Healthcare Benefit Plan - Vision**

**ORIGINAL APPROVAL DATE: August 7, 2019**

**RENEWAL EFFECTIVE DATES: 01-01-2024 THROUGH 12-31-2024**

**RENEWAL OPTION #: FOUR OF FOUR**

**NUMBER OF RENEWAL OPTIONS: FOUR**

**RENEWAL AMOUNT: \$0.55\_per enrollee per month**

**COMPANY'S NAME: EyeMed Vision Care**

**ADDRESS: 4000 Luxottica Place**

**CITY: Mason**

**STATE: OH**

**ZIP: 45040**

**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**

**EyeMed Vision Care**

\_\_\_\_\_  
**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**

\_\_\_\_\_  
**Notary Public**

**County:** \_\_\_\_\_

**Commission Expires:** \_\_\_\_\_

**(Affix Notary Seal)**

<b>ITEM#:</b> _____ <b>RCS:</b> _____ <b>RECESS MEETING</b>	<b>ITEM#:</b> _____ <b>RM:</b> _____ <b>REGULAR MEETING</b>
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