



**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**

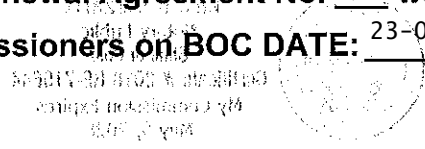
**CITY: Mason**

**STATE: OH**

**ZIP: 45040**

**This Renewal Agreement No. 4 was approved by the Fulton County Board of**

**Commissioners on BOC DATE: 23-0551 BOC NUMBER: 8/16/2023**



**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**

DocuSigned by:

*Robert L. Pitts*

*[Signature]*

Chad Prittie

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

**ATTEST:**

**ATTEST:**

DocuSigned by:

*Tonya R. Grier*

DocuSigned by:

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

**Secretary/  
Assistant Secretary**

**(Affix County Seal)**



**(Affix Corporate Seal)**

**AUTHORIZATION OF RENEWAL:**

**ATTEST:**

DocuSigned by:

*Hakeem Oshikoya*

*[Signature]*  
Notary Public

**Hakeem Oshikoya  
Finance Director**

County: Warren

Commission Expires: 05-09-2028

**(Affix Notary Seal)**



**Lisa K Bizzarro  
Notary Public  
State of Ohio  
Certificate # 2018-RE-715644  
My Commission Expires  
May 9, 2028**

ITEM#: <u>23-0551</u>	RCS: <u>8/16/2023</u>	ITEM#: _____	RM: _____
<b>RECESS MEETING</b>		<b>REGULAR MEETING</b>	