

**FIRST AMENDMENT TO AGREEMENT FOR SINGLE SOURCE MANAGED
CARE THIRD-PARTY ADMINISTRATOR**

THIS FIRST AMENDMENT TO AGREEMENT FOR SINGLE SOURCE MANAGED CARE THIRD-PARTY ADMINISTRATOR, effective the 1st day of November, 2014, is by and between the City of Fort Lauderdale, a Florida municipality, (“City”), whose address is 100 North Andrews Avenue, Fort Lauderdale, FL 33301-1016, and Connecticut General Life Insurance Company, a Connecticut corporation authorized to transact business in the State of Florida, (“Contractor” or “Company”), whose address and phone number are 900 Cottage Grove Road, Hartford, CT, 06152, Phone: 860-226-7501.

WHEREAS, the City and the Contractor entered into an Agreement for Single Source Managed Care Third-Party Administrator effective January 1, 2012, (“Agreement”); and

WHEREAS, the City would like to exercise an option in the Agreement to purchase behavioral health services,

NOW, THEREFORE, as an amendment to the Agreement, the City and the Contractor agree as follows:

1. The Contractor shall provide to the City behavioral health services as provided in the Agreement and as more fully described and at the rates set forth in Exhibit 1, which is incorporated herein.

IN WITNESS WHEREOF, the City and the Contractor execute this First Amendment to Agreement for Single Source Managed Care Third-Part Administrator as follows:

ATTEST:

CITY OF FORT LAUDERDALE

City Clerk

By: _____
Mayor

By: _____
City Manager

Approved as to form:

Senior Assistant City Attorney

ATTEST:

CONTRACTOR

Print Name: _____
Title: _____

By: _____
Print Name: _____
Title: _____

(CORPORATE SEAL)

STATE OF _____:
COUNTY OF _____:

The foregoing instrument was acknowledged before me this ____ day of _____, 2014, by _____ as (title): _____ for Connecticut General Life Insurance Company, a Connecticut corporation authorized to transact business in the State of Florida.

(SEAL)

Notary Public, State of _____
(Signature of Notary Public)

(Print, Type, or Stamp Commissioned Name of
Notary Public)

Personally Known ____ OR Produced Identification _____
Type of Identification Produced _____