

**AN ORDINANCE** approving the awarding of RENEWAL OF SELF-FUNDED HEALTH/DENTAL PLANS (ADMINISTRATION AND REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM & AND SHORT TERM DISABILITY INSURANCE PLANS by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and PHP / SYMETRA LIFE INSURANCE COMPANY for the HUMAN RESOURCES AND BENEFITS DEPARTMENT.

**NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE, INDIANA;**

**SECTION 1.** That RENEWAL OF SELF-FUNDED HEALTH/DENTAL PLANS (ADMINISTRATION AND REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM & AND SHORT TERM DISABILITY INSURANCE PLANS by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and PHP / SYMETRA LIFE INSURANCE COMPANY for the HUMAN RESOURCES AND BENEFITS DEPARTMENT, respectfully for:

**Self-Funded Health Plan: PHP/TPA**  
Total annual fees are based on per person/per month enrollment.  
Total annual not to exceed \$2,500,000  
Lowest bid

**Group Life/AD&D/LTD/STD: Symetra Life Insurance Company**  
Total annual fees are based on per person/per month enrollment.  
Total annual not to exceed \$1,800,000  
(Includes \$600,000 of Supplemental Life Insurance (EMPLOYEE PAID))

involving a total cost of not to exceed FOUR MILLION, THREE HUNDRED THOUSAND AND 00/100 DOLLARS (\$4,300,000.00)- (INCLUDES \$600,000 OF EMPLOYEE PAID LIFE INS) all as more particularly set forth in said RENEWAL OF SELF-FUNDED HEALTH/DENTAL PLANS (ADMINISTRATION AND REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM & AND SHORT TERM DISABILITY INSURANCE PLANS which are on file in the Office of the Department of Purchasing, and

1 are by reference incorporated herein, made a part hereof, and is hereby in all things  
2 ratified, confirmed and approved.

3 **SECTION 2.** That this Ordinance shall be in full force and effect from and  
4 after its passage and any and all necessary approval by the Mayor.

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7 \_\_\_\_\_  
8 Council Member

9 APPROVED AS TO FORM AND LEGALITY

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12 Malak Heiny, City Attorney  
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# CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

TO: CITY COUNCIL MEMBERS

FROM: LAURA HELMKAMP – HR & BENEFITS MANAGER

RE: SELF FUNDED HEALTH/DENTAL PLANS (ADMINISTRATION & REINSURANCE COVERAGE)  
AWARDED TO PHP AND RENEWAL OF GROUP LIFE/AD&D INSURANCE AND LONG TERM  
& SHORT-TERM DISABILITY INSURANCE AWARDED TO SYMETRA

DATE: DECEMBER 2, 2025

The Benefits Department requests approval for the following contracts effective January 1, 2026:

Self-Funded Health Plan:	<b>PHP/TPA</b> Total annual fees are based on per person/per month enrollment. Total annual not to exceed \$2,500,000 Lowest bid
Group Life/AD&D/LTD/STD:	<b>Symetra Life Insurance Company</b> Total annual fees are based on per person/per month enrollment. Total annual not to exceed \$1,800,000 (Includes \$600,000 of Supplemental Life Insurance ( <b>EMPLOYEE PAID</b> ) 2 <sup>nd</sup> year of a 3-year rate guarantee
<b>TOTAL:</b>	<b>\$4,300,000</b>

See attached summaries for more detailed information. Funding Source 403 INSR1 5146

Please contact me at 427-2634 if you have any questions.

ENHANCED QUALITY OF LIFE FOR ALL

**CITIZENS SQUARE**

200 E. Berry St. • Fort Wayne, Indiana • 46802 • [cityoffortwayne.org](http://cityoffortwayne.org)

An Equal Opportunity Employer



City of Fort Wayne  
January 1, 2026 Self Funded Cost Comparison



Plan Administrator Managing Underwriter Reinsurance Carrier Networks	PHP TPA - CURRENT Crum & Forster North River PHP Freedom	PHP TPA - RENEWAL Crum & Forster North River PHP Freedom	PHP TPA - SOLD (Option 7 - REV) FAIRCO FAIRCO PHP Freedom
<b>Reinsurance Contract Terms</b>			
Specific Deductible	\$400,000	\$400,000	\$400,000
Aggregating Specific Deductible	\$200,000	\$200,000	\$200,000
Specific Contract	18/12	18/12	18/12
Aggregate Contract	18/12	18/12	18/12
Specific Contract Coverage	Medical/Rx	Medical/Rx	Medical/Rx
Aggregate Contract Coverage	Medical/Rx/Dental	Medical/Rx/Dental	Medical/Rx/Dental
<b>Enrollment</b>			
Employee	769	769	769
Employee/Spouse	330	330	330
Employee/Child(ren)	293	293	293
Family	768	768	768
<b>TOTAL</b>	<b>2160</b>	<b>2160</b>	<b>2160</b>
<b>Administration Fees</b>			
Medical	\$20.00	\$19.75	\$19.75
Dental	\$2.00	\$2.00	\$2.00
PFO Access	\$6.00	\$6.00	\$6.00
Utilization Review	\$2.00	\$2.10	\$2.10
OP Therapy Review	Included	Included	Included
OP Surgery Review	Included	Included	Included
Disease Mgmt	\$3.00	\$3.15	n/a
24/7 Call-A-Doc	\$2.35	\$2.47	\$2.47
Medtipster	\$1.00	\$1.00	\$1.00
PBM Administration Fee	-	\$4.00	\$4.00
COBRA/HIPAA	\$2.00	\$2.00	\$2.00
Total Monthly Admin per Employee	\$38.35	\$42.47	\$39.32
Monthly Administration Costs	\$82,836.00	\$91,735.20	\$84,931.20
Annual Administration Costs	\$994,032.00	\$1,100,822.40	\$1,019,174.40
<b>Reinsurance Premiums</b>			
Specific - Employee	\$34.50	\$50.31	\$27.06
Specific - Employee/Spouse	\$54.04	\$81.10	\$46.44
Specific - Employee/Child(ren)	\$49.53	\$73.99	\$42.89
Specific - Family	\$73.73	\$112.14	\$60.84
Aggregate - Composite	\$1.33	\$1.33	\$1.35
Aggregate Accomodation Rider	\$2.00	\$2.00	\$2.00
Monthly Reinsurance Premium	\$122,693.43	\$180,446.78	\$102,662.23
Annual Reinsurance Premium	\$1,472,321.16	\$2,165,361.36	\$1,231,946.76
<b>Aggregate Claim Factors</b>			
Aggregate Factors - Employee	\$854.20	\$1,022.15	\$883.43
Aggregate Factors - Employee/Spouse	\$1,701.56	\$2,036.13	\$1,846.36
Aggregate Factors - Employee/Child(ren)	\$1,505.95	\$1,802.06	\$1,669.70
Aggregate Factors - Family	\$2,555.75	\$3,058.29	\$2,561.95
Monthly Aggregate Factors	\$3,622,453.95	\$4,334,726.55	\$3,745,456.17
Annual Aggregate Factors	\$43,469,447.40	\$52,016,718.60	\$44,945,474.04
<b>Total Minimum Plan Costs</b>			
	\$2,466,353.16	\$3,266,183.76	\$2,251,121.16
<b>Total Maximum Plan Costs</b>			
	\$45,935,800.56	\$55,282,902.36	\$47,196,595.20

City of Fort Wayne  
January 1, 2026 Self Funded Cost Comparison



Plan Administrator Managing Underwriter Reinsurance Carrier Networks	PHP TPA - Option 7 FAIRCO FAIRCO PHP Freedom	PHP TPA - Option 8 FAIRCO FAIRCO PHP Freedom	PHP TPA - Option 9 FAIRCO FAIRCO PHP Freedom	
<b>Reinsurance Contract Terms</b>				
Specific Deductible	\$400,000	\$425,000	\$450,000	
Aggregating Specific Deductible	\$200,000	\$200,000	\$200,000	
Specific Contract	18/12	18/12	18/12	
Aggregate Contract	18/12	18/12	18/12	
Specific Contract Coverage	Medical/Rx	Medical/Rx	Medical/Rx	
Aggregate Contract Coverage	Medical/Rx/Dental	Medical/Rx/Dental	Medical/Rx/Dental	
<b>Enrollment</b>				
Employee	769	769	769	
Employee/Spouse	330	330	330	
Employee/Child(ren)	293	293	293	
Family	<u>768</u>	<u>768</u>	<u>768</u>	
<b>TOTAL</b>	<b>2160</b>	<b>2160</b>	<b>2160</b>	
<b>Administration Fees</b>				
Medical	\$19.75	\$19.75	\$19.75	
Dental	\$2.00	\$2.00	\$2.00	
PTO Access	\$6.00	\$6.00	\$6.00	
Utilization Review/Mgmt	\$2.10	\$2.10	\$2.10	
OP Therapy Review	Included	Included	Included	
OP Surgery Review	Included	Included	Included	
Disease Mgmt	\$3.15	\$3.15	\$3.15	
24/7 Call-A-Doc	\$2.47	\$2.47	\$2.47	
Mediquest	\$1.00	\$1.00	\$1.00	
PBM Administration Fee	\$4.00	\$4.00	\$4.00	
COBRA/HIPAA	<u>\$2.00</u>	<u>\$2.00</u>	<u>\$2.00</u>	
Total Monthly Admin per Employee	\$42.47	\$42.47	\$42.47	
Monthly Administration Costs	\$91,735.20	\$91,735.20	\$91,735.20	
Annual Administration Costs	\$1,100,822.40	\$1,100,822.40	\$1,100,822.40	
<b>Reinsurance Premiums</b>				
Specific - Employee	\$27.06	\$25.06	\$23.28	
Specific - Employee/Spouse	\$46.44	\$42.27	\$38.54	
Specific - Employee/Child(ren)	\$42.89	\$39.11	\$35.74	
Specific - Family	\$60.84	\$55.05	\$49.88	
Aggregate - Composite	\$1.35	\$1.35	\$1.35	
Aggregate Accommodation Rider	<u>\$2.00</u>	<u>\$2.00</u>	<u>\$2.00</u>	
Monthly Reinsurance Premium	\$102,662.23	\$94,193.87	\$86,636.18	
Annual Reinsurance Premium	\$1,231,946.76	\$1,130,326.44	\$1,039,634.16	
<b>Aggregate Claim Factors</b>				
Aggregate Factors - Employee	\$932.20	\$933.07	\$935.95	
Aggregate Factors - Employee/Spouse	\$1,948.29	\$1,950.12	\$1,956.15	
Aggregate Factors - Employee/Child(ren)	\$1,761.85	\$1,763.50	\$1,768.96	
Aggregate Factors - Family	\$2,703.36	\$2,705.90	\$2,714.27	
Monthly Aggregate Factors	\$3,952,200.03	\$3,955,907.13	\$3,968,139.69	
Annual Aggregate Factors	\$47,426,400.36	\$47,470,885.56	\$47,617,676.28	
<b>Total Minimum Plan Costs</b>	<b>\$2,332,769.16</b>	<b>\$2,231,148.84</b>	<b>\$2,140,456.56</b>	
<b>Total Maximum Plan Costs</b>	<b>\$49,759,169.52</b>	<b>\$49,702,034.40</b>	<b>\$49,758,132.84</b>	

City of Fort Wayne  
January 1, 2026 Self Funded Cost Comparison



	Laser Option		Laser Option		Laser Option	
	PHP TPA - Option 2	PHP TPA - Option 3	PHP TPA - Option 4	PHP TPA - Option 5	PHP TPA - Option 6	
Plan Administrator	Crum & Forster	Crum & Forster	Crum & Forster	Crum & Forster	Crum & Forster	
Managing Underwriter	North River	North River	North River	North River	North River	
Reinsurance Carrier	PHP Freedom	PHP Freedom	PHP Freedom	PHP Freedom	PHP Freedom	
Networks	PHP Freedom	PHP Freedom	PHP Freedom	PHP Freedom	PHP Freedom	
<b>Reinsurance Contract Terms</b>						
Specific Deductible	\$400,000	\$425,000	\$425,000	\$450,000	\$450,000	
Aggregating Specific Deductible	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	
Specific Contract	18/12	18/12	18/12	18/12	18/12	
Aggregate Contract	18/12	18/12	18/12	18/12	18/12	
Specific Contract Coverage	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	
Aggregate Contract Coverage	Medical/Rx/Dental	Medical/Rx/Dental	Medical/Rx/Dental	Medical/Rx/Dental	Medical/Rx/Dental	
<b>Enrollment</b>						
Employee	769	769	769	769	769	
Employee/Spouse	330	330	330	330	330	
Employee/Child(ren)	293	293	293	293	293	
Family	768	768	768	768	768	
<b>TOTAL</b>	<b>2160</b>	<b>2160</b>	<b>2160</b>	<b>2160</b>	<b>2160</b>	
<b>Administration Fees</b>						
Medical	\$19.75	\$19.75	\$19.75	\$19.75	\$19.75	
Dental	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	
PPO Access	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	
Utilization Review/Mgmt	\$2.10	\$2.10	\$2.10	\$2.10	\$2.10	
OP Therapy Review	Included	Included	Included	Included	Included	
OP Surgery Review	Included	Included	Included	Included	Included	
Disease Mgmt	\$3.15	\$3.15	\$3.15	\$3.15	\$3.15	
24/7 Call-A-Doc	\$2.47	\$2.47	\$2.47	\$2.47	\$2.47	
Mediquest	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	
PBM Administration Fee	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	
COBRA/HIPAA	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	
Total Monthly Admin per Employee	\$42.47	\$42.47	\$42.47	\$42.47	\$42.47	
Monthly Administration Costs	\$91,735.20	\$91,735.20	\$91,735.20	\$91,735.20	\$91,735.20	
Annual Administration Costs	\$1,100,822.40	\$1,100,822.40	\$1,100,822.40	\$1,100,822.40	\$1,100,822.40	
<b>Reinsurance Premiums</b>						
Specific - Employee	\$38.85	\$47.09	\$35.90	\$44.21	\$33.26	
Specific - Employee/Spouse	\$66.81	\$74.69	\$60.93	\$68.95	\$55.66	
Specific - Employee/Child(ren)	\$60.36	\$68.32	\$55.15	\$63.24	\$50.49	
Specific - Family	\$95.00	\$102.52	\$86.16	\$93.90	\$78.25	
Aggregate - Composite	\$1.33	\$1.37	\$1.37	\$1.41	\$1.41	
Aggregate Accommodation Rider	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	
Monthly Reinsurance Premium	\$149,761.23	\$166,892.23	\$137,323.03	\$154,761.11	\$126,199.91	
Annual Reinsurance Premium	\$1,797,134.76	\$2,002,706.76	\$1,647,876.36	\$1,857,133.32	\$1,514,398.92	
<b>Aggregate Claim Factors</b>						
Aggregate Factors - Employee	\$1,022.15	\$1,023.30	\$1,023.30	\$1,024.07	\$1,024.07	
Aggregate Factors - Employee/Spouse	\$2,036.13	\$2,038.42	\$2,038.42	\$2,039.96	\$2,039.96	
Aggregate Factors - Employee/Child(ren)	\$1,802.06	\$1,804.09	\$1,804.09	\$1,805.45	\$1,805.45	
Aggregate Factors - Family	\$3,058.29	\$3,061.71	\$3,061.71	\$3,064.01	\$3,064.01	
Monthly Aggregate Factors	\$4,334,726.55	\$4,339,587.95	\$4,339,587.95	\$4,342,876.20	\$4,342,876.20	
Annual Aggregate Factors	\$52,016,718.60	\$52,075,055.40	\$52,075,055.40	\$52,114,514.40	\$52,114,514.40	
<b>Total Minimum Plan Costs</b>						
	\$2,897,957.16	\$3,103,529.16	\$2,748,698.76	\$2,957,955.72	\$2,615,221.32	
<b>Total Maximum Plan Costs</b>						
	\$54,914,675.76	\$55,178,584.56	\$54,823,754.16	\$55,072,470.12	\$54,729,735.72	



# City of Fort Wayne

## Market Study - January 1, 2026

Medical	Results	Comments
AA&H	Declined to quote	Uncompetitive rates
Avalon	Declined to quote	Underwriting guidelines - location
Berkley	Declined to quote	Uncompetitive rates
Berkshire Hathaway	Pending	
Crum & Forster	Declined to quote	Uncompetitive rates
Evo Risk	Declined to quote	Uncompetitive rates
HCC	Pending	
IISI	Pending	
IOA Re	Declined to quote	Underwriting guidelines - maximum lives
ISLS	Pending	
ISU	Declined to quote	Uncompetitive rates
ONE80	Quoted	Uncompetitive rates
Optum	Declined to quote	Uncompetitive rates
PACE	Declined to quote	Underwriting guidelines - maximum lives
QBE	Pending	
SL Management Partners, LLC	Pending	
Sun Life	Declined to quote	Uncompetitive rates
Swiss Re	Declined to quote	Uncompetitive rates
Symetra	Declined to quote	Uncompetitive rates
ULLICO	Declined to quote	Uncompetitive rates
UME	Declined to quote	Underwriting guidelines - maximum lives
Voya	Declined to quote	Uncompetitive rates
Wellpoint	Declined to quote	Uncompetitive rates



Symetra Life Insurance Company  
Mailing Address: P.O. Box 34690  
Seattle, WA 98124-1690

Phone: (800) 426-7784  
Fax: (866) 348-0050  
TT/TTY (800) 833-6388 (Deaf/HH only)

Laura Helmkamp  
City of Fort Wayne  
200 East Berry Suite 370  
Fort Wayne, IN 46802

Re: Policy 01-016266-00  
January 01, 2025

Dear Policyholder:

This letter contains the results of our annual review of your group insurance coverages. We have evaluated your rates using current census data and your plan's experience.

Effective January 1, 2025 your renewal rates/fees are as follows:

	Lives	Volume	Current Rate/Fee	Renewal Rate/Fee
Basic Employee Life	2931	\$153,879,000.00	\$0.236	\$0.200
Basic Employee AD&D	1949	\$221,995,000.00	\$0.020	\$0.020
Supplemental Employee Life	672	\$99,130,000.00	Step-rates*	Step-rates*
Supplemental Spouse Life	263	\$12,125,000.00	Step-rates*	Step-rates*
Supplemental Child Life	366	\$3,634,000.00	\$0.070	\$0.070
Supplemental Employee AD&D	498	\$77,310,000.00	\$0.030	\$0.030
Supplemental Spouse AD&D	193	\$9,175,000.00	\$0.030	\$0.030
Supplemental Child AD&D	300	\$2,982,000.00	\$0.030	\$0.030
Long Term Disability	1172	\$6,667,680.71	\$0.404	\$0.330
Short Term Disability	1172	\$923,395.94	\$0.458	\$0.390

	Current Monthly Premium/Fees	Renewal Monthly Premium/Fees	Percent Change
Basic Employee Life	\$36,315.44	\$30,775.80	-15.3%
Basic Employee AD&D	\$4,439.90	\$4,439.90	0.0%
Supplemental Employee Life	\$26,617.20	\$26,617.20	0.0%
Supplemental Spouse Life	\$3,355.25	\$3,355.25	0.0%
Supplemental Child Life	\$254.30	\$254.38	0.0%
Supplemental Employee AD&D	\$2,319.30	\$2,319.30	0.0%
Supplemental Spouse AD&D	\$275.25	\$275.25	0.0%
Supplemental Child AD&D	\$89.46	\$89.46	0.0%
Long Term Disability	\$26,937.43	\$22,003.35	-18.3%
Short Term Disability	\$42,291.53	\$36,012.44	-14.8%



SYMETRA LIFE INSURANCE COMPANY  
777 108th Avenue NE, Suite 1200  
Bellevue, Washington 98004-6135

PREMIUM RATE NOTICE

Policy Number: 01-016266-00  
Policyholder: City of Fort Wayne  
Effective Date of Premium Rates/Fees: January 01, 2025

Coverage/Service	Monthly Rate/Fee
Basic Employee Life	\$0.200
Basic Employee AD&D	\$0.020
Supplemental Employee Life	Step-rates*
Supplemental Spouse Life	Step-rates*
Supplemental Child Life	\$0.070
Supplemental Employee AD&D	\$0.030
Supplemental Spouse AD&D	\$0.030
Supplemental Child AD&D	\$0.030
Long Term Disability	\$0.330
Short Term Disability	\$0.390

- Life rates are based on per \$1,000
- AD&D rates are based on per \$1,000
- Long Term Disability rates are quoted as % of total covered payroll
- Short Term Disability rates are quoted as per \$10 of weekly covered benefit

Supplemental Employee Life Step-rates are as follows:

Age	CURRENT	RENEWAL
	Rate per \$1,000	Rate per \$1,000
< 25	\$0.070	\$0.070
25-29	\$0.070	\$0.070
30-34	\$0.070	\$0.070
35-39	\$0.110	\$0.110
40-44	\$0.170	\$0.170
45-49	\$0.280	\$0.280
50-54	\$0.500	\$0.500
55-59	\$0.820	\$0.820
60-64	\$1.090	\$1.090
65-69	\$1.700	\$1.700
70-74	\$3.000	\$3.000
75 +	\$4.940	\$4.940

Supplemental Spouse Life Step-rates are as follows:

Age	CURRENT	RENEWAL
	Rate per \$1,000	Rate per \$1,000
< 25	\$0.070	\$0.070
25-29	\$0.070	\$0.070
30-34	\$0.070	\$0.070
35-39	\$0.110	\$0.110
40-44	\$0.170	\$0.170
45-49	\$0.280	\$0.280
50-54	\$0.500	\$0.500
55-59	\$0.820	\$0.820
60-64	\$1.090	\$1.090
65-69	\$1.700	\$1.700
70-74	\$3.000	\$3.000
75 +	\$4.940	\$4.940

Rates/Fees will be guaranteed until 1/1/2028 unless there is a change in benefits, eligibility, or an Associated Company is added.

Any policy issued in the State of New York is insured and underwritten by First Symetra National Life Insurance Company of New York, a New York-licensed insurer. Any policy issued in any state other than the State of New York is insured and underwritten by Symetra Life Insurance Company, an Iowa-domiciled insurer that is licensed in all states except New York.

*Margaret Melster*

BY: Margaret Melster, President

Date: 8/23/2024

Instructions: (1) Use these rates beginning on the effective date shown above.  
(2) Retain this Premium Rate Notice with your policy.

# COUNCIL DIGEST SHEET

Enclosed with this introduction form is a tab sheet and related material from the vendor(s) who submitted bid(s). Purchasing Department is providing this information to Council as an overview of this award.

## RFPs , BIDS, OTHER PROJECTS

Bid/RFP#/Name of Project	Self-Funded Health Plans (Administration and Reinsurance Fees) awarded to PHP AND renewal of Group Life/Long- and Short-Term Disability Insurance Plans with Symetra
Awarded To	PHP/Symetra Life Insurance
Amount	Not to exceed \$4,300,000 (includes \$600,000 of <b>employee</b> paid life ins)
Conflict of interest on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Registrants	
Number of Bidders	
Required Attachments	RFPs – attach Award Matrix; Bids – attach Tab Sheet

## EXTENSIONS

Date Last Bid Out	
# Extensions Granted To Date	

## SPECIAL PROCUREMENT

Contract #/ID (State, Federal, Piggyback--Authority)	
Sole Source/ Compatibility Justification	

## BID CRITERIA (Take Buy Indiana requirements into consideration.)

Most Responsible, Responsive Lowest	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, explain below</i>
If not lowest, explain	



# COUNCIL DIGEST SHEET

## COST COMPARISON

<i>Increase/decrease amount from prior years For annual purchase (if available).</i>	
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## DESCRIPTION OF PROJECT / NEED

<i>Identify need for project &amp; describe project; attach supporting documents as necessary.</i>	Quotes were obtained through our insurance broker and reviewed/selected based on competitive rates/service

## REQUEST FOR PRIOR APPROVAL

<i>Provide justification if prior approval is being requested.</i>	

## FUNDING SOURCE

<i>Account Information.</i>	403 INSRI 5146