1. Other Contracting Party: U.S. LEGAL SERVICES, INC.

2. Proposed Action: Rows marked with checkboxes:
   - New Contract
   - Amendment, Number
   - Renewal
   - Extension

3. Document Type (select one):

4. Purpose/Description:
   Provide Group Prepaid Legal Insurance Services to Broward County Employees.

5. Special Provisions (select if applicable):
   - Living Wage Program
   - Workforce Investment Pilot Program
   - Federal DBE/ACDBE program
   - CBE Program
   - SBE Sheltered Market Program
   - MWBE Program
   - In-Kind Match Required: $____ or ___%
   - Cash Match Required: $____ or ___%

6. Effective Dates (for new agreements only):
   - Start: 7/1/2018
   - End: 6/30/2019

6.b. Effective Dates (amendments only):
   - No Change

7. Contract Administrator:
   - Name: Mary McDonald
   - Phone: 954-357-6044

8. Contract Type:
   - Cost reimbursement
   - Firm fixed price
   - Performance-based
   - Open-end
   - Time and materials
   - Other

9a. Contract Value (new contracts)

<table>
<thead>
<tr>
<th>Actual</th>
<th>Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base amount</td>
<td>$251,953</td>
</tr>
<tr>
<td>Reimbursables</td>
<td></td>
</tr>
<tr>
<td>Optional Services</td>
<td></td>
</tr>
<tr>
<td>Total contract value</td>
<td>$251,953</td>
</tr>
</tbody>
</table>

9b. Contract Value (amendments only)

<table>
<thead>
<tr>
<th>Actual</th>
<th>Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base amount</td>
<td>(Original approved contract value)</td>
</tr>
<tr>
<td>Reimbursables</td>
<td>(Approved previous adjustments)</td>
</tr>
<tr>
<td>Optional Services</td>
<td>(Value of this action)</td>
</tr>
<tr>
<td>Total contract value</td>
<td>(Amended total contract value)</td>
</tr>
</tbody>
</table>

10. Payment Method
   - Lump Sum Payment
   - Milestone or Progress-Based
   - Scheduled or Time-Based
   - Other

11. Payment Terms
   FUNDED IN ITS ENTIRETY BY VOLUNTARY ENROLLMENT OF BENEFIT-ELIGIBLE PLAN PARTICIPANTS.

12. Cost Adjustment
   - Not Applicable
   - Fixed Percentage - ___%
   - Fixed Amount - $____
   - CPI or other Index
   - Other

13. Equity Program Participation Summary
   a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: N/A
   b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/A
   c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:
   PROVIDE INTERIM CONTRACT, MONTH TO MONTH, FOR A PERIOD NOT TO EXCEED ONE YEAR BASED ON SAME PRICING TERMS AND CONDITIONS AS SET FORTH IN EXPIRING AGREEMENT.

   - For Cause: 30 DAYS
   - For Convenience: 30 DAYS

16. Deliverables, milestones or scope of this action:
   Provides for voluntary Group Prepaid Legal Insurance Services for Broward County benefits-eligible employees, retirees, COBRA participants and eligible dependents.

17. List terms, considerations or deviations from standard county form.
   Not Applicable