BROWARD COUNTY FLORIDA

BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

EXHIBIT 1

NAME OF OTHER CONTRACTING PARTY
FRINGE BENEFITS MANAGEMENT COMPANY

PROPOSED ACTION
☒ NEW ITEM ☐ AMENDMENT, NUMBER ☐ RENEWAL ☐ EXTENSION

DOCUMENT TYPE
Other Agreement for Third Party Administrator

PURPOSE
Provides administrative and billing services for Health Reimbursement Accounts (HRA), Flexible Spending Accounts (FSA), COBRA and Retiree billing

SPECIAL PROVISIONS (*select if applicable*)
☐ LIVING WAGE PROGRAM
☐ SBE SHELTERED MARKET PROGRAM
☐ FEDERAL DBE PROGRAM
☐ CDBE PROGRAM
☐ M/WBE PROGRAM
☐ REQUIRES IN-KIND MATCH: $ OR %
☐ REQUIRES CASH MATCH: $ OR %

EFFECTIVE DATES (*new agreements only*)
START: January 1, 2010
END: December 31, 2014

EFFECTIVE DATES (*amendments only*)
☐ NO CHANGE
☐ END DATE HAS CHANGED FROM TO .
☐ TERM HAS FROM TO .

CONTRACT ADMINISTRATOR
NAME: James R. Acton, Jr.
PHONE: 954-357-6044

CONTRACT TYPE
☐ COST REIMBURSEMENT ☐ OPEN-END
☒ FIRM FIXED PRICE ☐ TIME AND MATERIALS
☐ PERFORMANCE BASED ☐ OTHER

CONTRACT VALUE (*new contracts*)
☐ ACTUAL ☒ ESTIMATED

Base amount	$1,575,000.00
Reimbursables	$0.00
Optional Services	$0.00
Total contract value	$1,575,000.00

CONTRACT VALUE *(amendments only)*
☐ NO CHANGE ☐ ACTUAL ☐ ESTIMATED

Original approved contract value	
Approved previous adjustments	
Value of this action	
Amended total contract value	

PAYMENT METHOD
☐ LUMP SUM PAYMENT
☐ MILESTONE / PROGRESS BASED
☒ SCHEDULED OR TIME-BASED
☐ OTHER

PAYMENT TERMS
Fees are paid within 30 days after receipt of invoice, and are determined based on actual enrollment.

COST ADJUSTMENT
☒ NOT APPLICABLE ☐ FIXED PERCENTAGE % ☐ ACTUAL COST
☐ CPI OR OTHER INDEX ☐ FIXED COST $ ☐ OTHER

EQUITY PROGRAM PARTICIPATION SUMMARY
Total County established M/WBE, SBE, CDBE, or DBE participation goal for this action or project: N/A
Total contractor-committed M/WBE, SBE, CDBE, or DBE participation goal planned for this action or project: N/A
M/WBE, SBE, CDBE, or DBE participation to date: N/A

RENEWAL OR EXTENSION TERMS
FIVE YEAR CONTRACT

TERMINATION AND CANCELLATION PROVISIONS
FOR CAUSE: 60 DAYS WRITTEN NOTICE
FOR CONVENIENCE: 60 DAYS WRITTEN NOTICE

DELIVERABLES, MILESTONES OR SCOPE OF THIS ACTION
Administrative and Billing Services for HRA, FSA, COBRA and Retiree billing. Services are based on enrollment in each of the above programs. Estimated value is based on maximum enrollment numbers and is for a term of five years.

LIST TERMS, CONSIDERATIONS OR DEVIATIONS FROM STANDARD COUNTY FORM.
Includes month to month extension option as well as clarifying indemnification language.