

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 05/10/2023

Contract/Lease Control #: C22-3211-RM

Procurement#: RFP RM 31-22

Contract/Lease Type: AGREEMENT

Award To/Lessee: MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/01/2023

Expiration Date: 09/30/2024

Description of: GROUP LONG TERM DISABILITY INSURANCE

Department: RM

Department Monitor: BIRD

Monitor's Telephone #: 850-689-5978

Monitor's FAX # or E-mail: KBIRD@MYOKALOOSA.COM

Closed:

Cc: BCC RECORDS



CONTRACT/LEASE RENEWAL FORM

Contract #: C22-3211-RM
MADISON NATIONAL LIFE INSURANCE
COMPANY, INC.
GROUP LONG TERM DISABILITY INSURANCE
EXPIRES: 09/30/2024

Date: 04/27/2023
Madison National Life Insurance Company,
Attn: Carl Eiche
1241 John Q. Hammons Drive
Madison, WI 53717
RE: Adm. of Group Long Term Disability

Dear Mr. Eiche,

The Okaloosa County Board of County Commissioners agrees to renew the subject contract/lease, # C22-3211-RM for an additional term. The contract renewal period will be 10/01/2023 to 09/30/2024. The annual budgeted amount for this contract is \$62,000-63,000. All other terms and conditions of the original agreement shall remain in full force and effect through the duration of this renewal.

If you are in agreement, please sign below and return this form along with a current Certificate of Insurance listing Okaloosa County as co-insured (if applicable).

COUNTY REPRESENTATIVES

AUTHORIZED COMPANY REPRESENTATIVE

Dept. Director Kelly Bird
Signature: Bird
Digitally signed by Kelly Bird
Date: 2023.05.08 15:07:59 -05'00'

Contractor:

Date: _____

Approved By: Faye Douglas
Digitally signed by Faye Douglas
Date: 2023.05.08 15:20:55 -05'00'
(as prescribed below on item 1)

Approved By: Carl Eiche

Date: _____

Approved By: John Hofstad
Digitally signed by John Hofstad
Date: 2023.05.09 08:18:56 -05'00'
(as prescribed below on item 1)

Title: Vice President, Underwriting

Date: _____

Date: 5/1/23

County Department Instructions:

- 1) Obtain signatures from Department Director, authorized Company Representative and then Purchasing Manager <\$25K and less, OMB Director \$25K to \$50K, County Administrator <\$100K and less or Board >\$100K, as necessary. If Board approval is required, the Chairman and County Administrator's signatures are required. Make sure the company provides a current Certificate of Insurance. (If applicable).
- 2) Keep a copy of this form for your records.
- 3) Send original to Contracts and Lease Coordinator at Purchasing Department.
If you have any questions please contact the Purchasing Manager at 850-689-5960, Fax: 850-689-5970