

AMENDMENT NO. 3

This Amendment modifies Contract No. 11-87-011B for EMPLOYER-SPONSORED DENTAL INSURANCE BENEFITS by and between the County of Cook, Illinois, herein referred to as "County" and FIRST COMMONWEALTH, INC, A SUBSIDIARY OF THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, authorized to do business in the State of Illinois hereinafter referred to as "Contractor":

RECITALS

Whereas, the County and Contractor have entered into a Contract approved by the County Board on January 18, 2012 (hereinafter referred to as the "Contract"), wherein the Contractor is to provide EMPLOYER-SPONSORED DENTAL INSURANCE BENEFITS (hereinafter referred to as the "Services") from December 1, 2011 through November 30, 2013, with two (2) renewal options in an amount of eight million dollars (\$8,000,000.00); and

Whereas, the County and Contractor entered into the Contract for the original Term of December 1, 2011 through November 30, 2013, with two (2) one year renewal options; and

Whereas, Amendment No. 1 to this Contract was approved by the County Board and exercised the first renewal option on December 4, 2013, for a 12-month extension from December 1, 2013 to November 30, 2014 and an increase in the amount of eight million one hundred thousand dollars (\$8,100,000.00); and

Whereas, Amendment No.1 to this Contract, also authorized and memorialized the expenditure of an additional seven million nine hundred thirteen thousand three hundred eighty two dollars and seventy eight cents (\$7,913,382.78) spent during Fiscal Year 2013; and

Whereas, the Contract will expire November 30, 2014, and the agreed upon services are still required; and

Whereas, an extension is desired for the continuation of Services; and

Whereas, Amendment No. 2 to this Contract was approved by the County Board and exercised the second renewal option on November 19, 2014 for the twelve (12) months beginning on December 1, 2014 through November 30, 2015, with an increase in expenditure of an additional nine million sixty-two thousand twenty-three dollars (\$9,062,023.00) required for the continuation of Services;

Whereas, the County and Contractor desire to extend the Contract for twelve (12) months beginning on December 1, 2015 through November 30, 2016, with an increase in expenditure of an additional eight million five hundred thousand dollars (\$8,500,000.00) required for the continuation of Services;

Whereas, the County and Contractor desire to amend the Contract to include the requirements for invoicing procedures.

Now therefore, in consideration of mutual covenants contained herein, it is agreed by and between the parties to amend the Contract as follows:

1. The Contract is extended for twelve (12) months beginning December 1, 2015 through November 30, 2016.

Vendor Name: FIRST COMMONWEALTH, INC, SUBSIDIARY OF THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

- 5. All other terms and conditions remain as stated in the Contract.
- 6. This Amendment shall be made a material part of the Contract and shall therefore be interpreted consistently with it. Notwithstanding the foregoing, in the event of any inconsistencies, the details of this Amendment shall supersede statements concerning the same subject matter in the contract as amended.
- 7. In all other respects, the Contract is reaffirmed and ratified.

In witness whereof, the County and Contractor have caused this Amendment No. 3 to be executed on the date and year last written below.

County of Cook, Illinois

First Commonwealth, Inc, Subsidiary of the Guardian Life Insurance Company of America

By: [Signature]
Chief Procurement Officer

[Signature]
Signed

By: [Signature]
State's Attorney *as to form only*

Dong H. Ahn
Type or print name

President
Title

Date: 5 August 2015

Date 7/6/15

**APPROVED BY BOARD OF
COOK COUNTY COMMISSIONERS**

JUL 29 2015

2. The Contract is increased by eight million five hundred thousand dollars (\$8,500,000.00) for the twelve (12) months beginning December 1, 2015 through November 30, 2016, so that the Total Contract Amount from the term beginning December 1, 2011 is revised to forty-one million five hundred seventy-five thousand four hundred five dollars and seventy-eight cents (\$41,575,405.78).
3. Pursuant to Article 10 (c) "Modifications", the following Exhibit attached hereto is added to the Contract:
 - Exhibit 1- Rate Comparison
 - Exhibit 2- Service Standards/Guarantees

4. Article 5) COMPENSATION of the Contract is amended by adding the following provision as subsection:

All invoices submitted by the Consultant shall be in accordance with the cost provisions contained in the Agreement and shall contain a detailed description of the Deliverables, including, if applicable, the quantity of the Deliverables, for which payment is requested. To the extent applicable, all invoices for services shall include itemized entries indicating the date or time period in which the services were provided, the amount of time spent performing the services, and a detailed description of the services provided during the period of the invoice. All invoices shall reflect the amounts invoiced by and the amounts paid to the Consultant as of the date of the invoice shall be available to the County. Invoices for new charges shall not include "past due" amounts, if any, which amounts must be set forth on a separate invoice. Consultant shall not be entitled to invoice the County for any late fees or other penalties.

The Consultant acknowledges its duty to ensure the accuracy of all invoices submitted to the County for payment. By submitting the invoices, the Consultant certifies that all itemized entries set forth in the invoices are true and correct. The Consultant acknowledges that by submitting the invoices, it certifies that it has delivered the Deliverables, i.e., the goods, supplies, services or equipment set forth in the Agreement to the Using Agency, or that it has properly performed the services set forth in the Agreement. The invoice must also reflect to the extent applicable, the dates and amount of time expended in the provision of services under the Agreement. The Consultant acknowledges that any intentional inaccurate statements or grossly negligent or intentional misrepresentations in the invoices shall result in the County exercising all remedies available to it in law and equity including, but not limited to, a delay in payment or non-payment to the Consultant, and reporting the matter to the Cook County Office of the Independent Inspector General.

When a Consultant receives any payment from the County for any supplies, equipment, goods, or services, it has provided to the County pursuant to its Agreement, the Consultant must make payment to its Subcontractors within 15 business days after receipt of payment from the County, provided that such Subcontractor has satisfactorily provided the supplies, equipment, goods or services in accordance with the Contract and provided the Consultant with all of the documents and information required of the Consultant. The Consultant may delay or postpone payment to a Subcontractor when the Subcontractor's supplies, equipment, goods, or services do not comply with the requirements of the Contract; the Consultant is acting in good faith, and not in retaliation for a Subcontractor exercising legal or contractual rights.

Vendor Name: FIRST COMMONWEALTH, INC, SUBSIDIARY OF THE GUARDIAN LIFE INSURANCE COMPANY

EXHIBIT 1

COOK COUNTY

RATE COMPARISON

RENEWAL FOR PLAN YEAR DECEMBER 1, 2015 to NOVEMBER 30, 2016

DENTAL INSURANCE RATES FULLY INSURED DHMO WITH FIRST COMMONWEALTH

	Current Rates	Renewal Rates
SINGLE	\$10.01	\$10.26
EE + 1	\$18.64	\$19.11
FAMILY	\$26.09	\$26.74

DENTAL ADMINISTRATIVE SERVICES ONLY PLAN PPO

	Current	Renewal
Expected Claims Cost PEPM	\$50.70	\$50.70
ASO Fee	\$1.75	\$1.75

EXHIBIT 2
Service Standards/Guarantees
Cook County
Plan year 12/1/2015 - 11/30/2016
Results measured for period 5/1/2015-4/30/2016

	Frequency Measured	Amount of Penalty
Customer Service/Claims Processing		
• 90% of all fully documented claims processed within 15 days of receipt	Annual	\$2,000
• 97% of claims paid accurately	Annual	\$2,000
• Guardian Anytime claim reports will be available on time	\$200 per late package	\$2,000 max per year
Other Customer Service		
• Less than 3% of all DHMO and PPO member calls to Customer Response Unit will be abandoned	Annual	\$2,500
• At least 78% of all DHMO and PPO member calls will be answered in 30 seconds or less	Annual	\$2,500
Account Management Team		
• Semi Annual Financial Meetings (KAM) (review renewal, mid- year experience review, discuss benefit options)	Twice a year	\$1,000/meeting
• Overall Customer Satisfaction with Account Management Team (Sales Office Manager will provide AM survey to Cook prior to end of measurement period. Questions relating to responsiveness, accuracy of information supplied, appreciation of and adherence to deadlines, understanding of the challenges facing the County related to their Dental benefits and about the quality of the interaction and working relationship) An overall score of 4 or better must be attained.	Annual	Max at risk is \$3,000
Renewal		
• Sales Office to provide Cook County with renewal by July 15 each year.	Annual	\$2,500
PPO Savings Guarantee 28% PPO savings guaranteed	Annual	10% of ASO fees paid
DRL Savings Guarantee 3.5% savings due to application of Dental Review Logic	Annual	10% of ASO fees paid

**COOK COUNTY
ECONOMIC DISCLOSURE STATEMENT
AND EXECUTION DOCUMENT
INDEX**

*Guardian
Complete
EDS packet*

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SECTION 1
INSTRUCTIONS FOR COMPLETION OF
ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

This Economic Disclosure Statement and Execution Document ("EDS") is to be completed and executed by every Bidder on a County contract, every Proposer responding to a Request for Proposals, and every Respondent responding to a Request for Qualifications, and others as required by the Chief Procurement Officer. The execution of the EDS shall serve as the execution of a contract awarded by the County. The Chief Procurement Officer reserves the right to request that the Bidder or Proposer, or Respondent provide an updated EDS on an annual basis.

Definitions. Terms used in this EDS and not otherwise defined herein shall have the meanings given to such terms in the Instructions to Bidders, General Conditions, Request for Proposals, Request for Qualifications, as applicable.

Affiliate means a person that directly or indirectly through one or more intermediaries, Controls is Controlled by, or is under common Control with the Person specified.

Applicant means a person who executes this EDS.

Bidder means any person who submits a Bid.

Code means the Code of Ordinances, Cook County, Illinois available on municode.com.

Contract shall include any written document to make Procurements by or on behalf of Cook County.

Contractor or *Contracting Party* means a person that enters into a Contract with the County.

Control means the unfettered authority to directly or indirectly manage governance, administration, work, and all other aspects of a business.

EDS means this complete Economic Disclosure Statement and Execution Document, including all sections listed in the Index and any attachments.

Joint Venture means an association of two or more Persons proposing to perform a for-profit business enterprise. Joint Ventures must have an agreement in writing specifying the terms and conditions of the relationship between the partners and their relationship and respective responsibility for the Contract

Lobby or *lobbying* means to, for compensation, attempt to influence a County official or County employee with respect to any County matter.

Lobbyist means any person who lobbies.

Person or *Persons* means any individual, corporation, partnership, Joint Venture, trust, association, Limited Liability Company, sole proprietorship or other legal entity.

Prohibited Acts means any of the actions or occurrences which form the basis for disqualification under the Code, or under the Certifications hereinafter set forth.

Proposal means a response to an RFP.

Proposer means a person submitting a Proposal.

Response means response to an RFQ.

Respondent means a person responding to an RFQ.

RFP means a Request for Proposals issued pursuant to this Procurement Code.

RFQ means a Request for Qualifications issued to obtain the qualifications of interested parties.

**INSTRUCTIONS FOR COMPLETION OF
ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT**

Section 1: Instructions. Section 1 sets forth the instructions for completing and executing this EDS.

Section 2: Certifications. Section 2 sets forth certifications that are required for contracting parties under the Code and other applicable laws. Execution of this EDS constitutes a warranty that all the statements and certifications contained, and all the facts stated, in the Certifications are true, correct and complete as of the date of execution.

Section 3: Economic and Other Disclosures Statement. Section 3 is the County's required Economic and Other Disclosures Statement form. Execution of this EDS constitutes a warranty that all the information provided in the EDS is true, correct and complete as of the date of execution, and binds the Applicant to the warranties, representations, agreements and acknowledgements contained therein.

Required Updates. The Applicant is required to keep all information provided in this EDS current and accurate. In the event of any change in the information provided, including but not limited to any change which would render inaccurate or incomplete any certification or statement made in this EDS, the Applicant shall supplement this EDS up to the time the County takes action, by filing an amended EDS or such other documentation as is required.

Additional Information. The County's Governmental Ethics and Campaign Financing Ordinances impose certain duties and obligations on persons or entities seeking County contracts, work, business, or transactions, and the Applicant is expected to comply fully with these ordinances. For further information please contact the Director of Ethics at (312) 603-4304 (69 W. Washington St. Suite 3040, Chicago, IL 60602) or visit the web-site at cookcountyiil.gov/ethics-board-of.

Authorized Signers of Contract and EDS Execution Page. If the Applicant is a corporation, the President and Secretary must execute the EDS. In the event that this EDS is executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization by the Corporation, satisfactory to the County that permits the person to execute EDS for said corporation. If the corporation is not registered in the State of Illinois, a copy of the Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute the EDS, unless one partner or joint venture has been authorized to sign for the partnership or joint venture, in which case, the partnership agreement, resolution or evidence of such authority satisfactory to the Office of the Chief Procurement Officer must be submitted with this Signature Page.

If the Applicant is a member-managed LLC all members must execute the EDS, unless otherwise provided in the operating agreement, resolution or other corporate documents. If the Applicant is a manager-managed LLC, the manager(s) must execute the EDS. The Applicant must attach either a certified copy of the operating agreement, resolution or other authorization, satisfactory to the County, demonstrating such person has the authority to execute the EDS on behalf of the LLC. If the LLC is not registered in the State of Illinois, a copy of a current Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute the EDS.

A "Partnership" "Joint Venture" or "Sole Proprietorship" operating under an Assumed Name must be registered with the Illinois county in which it is located, as provided in 805 ILCS 405 (2012), and documentation evidencing registration must be submitted with the EDS.

SECTION 2

CERTIFICATIONS

THE FOLLOWING CERTIFICATIONS ARE MADE PURSUANT TO STATE LAW AND THE CODE. THE APPLICANT IS CAUTIONED TO CAREFULLY READ THESE CERTIFICATIONS PRIOR TO SIGNING THE SIGNATURE PAGE. SIGNING THE SIGNATURE PAGE SHALL CONSTITUTE A WARRANTY BY THE APPLICANT THAT ALL THE STATEMENTS, CERTIFICATIONS AND INFORMATION SET FORTH WITHIN THESE CERTIFICATIONS ARE TRUE, COMPLETE AND CORRECT AS OF THE DATE THE SIGNATURE PAGE IS SIGNED. THE APPLICANT IS NOTIFIED THAT IF THE COUNTY LEARNS THAT ANY OF THE FOLLOWING CERTIFICATIONS WERE FALSELY MADE, THAT ANY CONTRACT ENTERED INTO WITH THE APPLICANT SHALL BE SUBJECT TO TERMINATION.

A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

No person or business entity shall be awarded a contract or sub-contract, for a period of five (5) years from the date of conviction or entry of a plea or admission of guilt, civil or criminal, if that person or business entity:

- 1) Has been convicted of an act committed, within the State of Illinois, of bribery or attempting to bribe an officer or employee of a unit of state, federal or local government or school district in the State of Illinois in that officer's or employee's official capacity;
- 2) Has been convicted by federal, state or local government of an act of bid-rigging or attempting to rig bids as defined in the Sherman Anti-Trust Act and Clayton Act. Act. 15 U.S.C. Section 1 *et seq.*;
- 3) Has been convicted of bid-rigging or attempting to rig bids under the laws of federal, state or local government;
- 4) Has been convicted of an act committed, within the State, of price-fixing or attempting to fix prices as defined by the Sherman Anti-Trust Act and the Clayton Act. 15 U.S.C. Section 1, *et seq.*;
- 5) Has been convicted of price-fixing or attempting to fix prices under the laws the State;
- 6) Has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of Illinois;
- 7) Has made an admission of guilt of such conduct as set forth in subsections (1) through (6) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to; or
- 8) Has entered a plea of *nolo contendere* to charge of bribery, price-fixing, bid-rigging, or fraud, as set forth in subparagraphs (1) through (6) above.

In the case of bribery or attempting to bribe, a business entity may not be awarded a contract if an official, agent or employee of such business entity committed the Prohibited Act on behalf of the business entity and pursuant to the direction or authorization of an officer, director or other responsible official of the business entity, and such Prohibited Act occurred within three years prior to the award of the contract. In addition, a business entity shall be disqualified if an owner, partner or shareholder controlling, directly or indirectly, 20% or more of the business entity, or an officer of the business entity has performed any Prohibited Act within five years prior to the award of the Contract.

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant has read the provisions of Section A, Persons and Entities Subject to Disqualification, that the Applicant has not committed any Prohibited Act set forth in Section A, and that award of the Contract to the Applicant would not violate the provisions of such Section or of the Code.

B. BID-RIGGING OR BID ROTATING

THE APPLICANT HEREBY CERTIFIES THAT: In accordance with 720 ILCS 5/33 E-11, neither the Applicant nor any Affiliated Entity is barred from award of this Contract as a result of a conviction for the violation of State laws prohibiting bid-rigging or bid rotating.

C. DRUG FREE WORKPLACE ACT

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant will provide a drug free workplace, as required by (30 ILCS 580/3).

D. DELINQUENCY IN PAYMENT OF TAXES

THE APPLICANT HEREBY CERTIFIES THAT: *The Applicant is not an owner or a party responsible for the payment of any tax or fee administered by Cook County, by a local municipality, or by the Illinois Department of Revenue, which such tax or fee is delinquent, such as bar award of a contract or subcontract pursuant to the Code, Chapter 34, Section 34-171.*

E. HUMAN RIGHTS ORDINANCE

No person who is a party to a contract with Cook County ("County") shall engage in unlawful discrimination or sexual harassment against any individual in the terms or conditions of employment, credit, public accommodations, housing, or provision of County facilities, services or programs (Code Chapter 42, Section 42-30 *et seq.*).

F. ILLINOIS HUMAN RIGHTS ACT

THE APPLICANT HEREBY CERTIFIES THAT: *It is in compliance with the Illinois Human Rights Act (775 ILCS 5/2-105), and agrees to abide by the requirements of the Act as part of its contractual obligations.*

G. INSPECTOR GENERAL (COOK COUNTY CODE, CHAPTER 34, SECTION 34-174 and Section 34-250)

The Applicant has not willfully failed to cooperate in an investigation by the Cook County Independent Inspector General or to report to the Independent Inspector General any and all information concerning conduct which they know to involve corruption, or other criminal activity, by another county employee or official, which concerns his or her office of employment or County related transaction.

The Applicant has reported directly and without any undue delay any suspected or known fraudulent activity in the County's Procurement process to the Office of the Cook County Inspector General.

H. CAMPAIGN CONTRIBUTIONS (COOK COUNTY CODE, CHAPTER 2, SECTION 2-585)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning campaign contributions, which is codified at Chapter 2, Division 2, Subdivision II, Section 585, and can be read in its entirety at www.municode.com.

I. GIFT BAN, (COOK COUNTY CODE, CHAPTER 2, SECTION 2-574)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning receiving and soliciting gifts and favors, which is codified at Chapter 2, Division 2, Subdivision II, Section 574, and can be read in its entirety at www.municode.com.

J. LIVING WAGE ORDINANCE PREFERENCE (COOK COUNTY CODE, CHAPTER 34, SECTION 34-160;

Unless expressly waived by the Cook County Board of Commissioners, the Code requires that a living wage must be paid to individuals employed by a Contractor which has a County Contract and by all subcontractors of such Contractor under a County Contract, throughout the duration of such County Contract. The amount of such living wage is annually by the Chief Financial Officer of the County, and shall be posted on the Chief Procurement Officer's website.

The term "Contract" as used in Section 4, I, of this EDS, specifically excludes contracts with the following:

- 1) Not-For Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United State Internal Revenue Code and recognized under the Illinois State not-for-profit law);
- 2) Community Development Block Grants;
- 3) Cook County Works Department;
- 4) Sheriff's Work Alternative Program; and
- 5) Department of Correction inmates.

SECTION 3

REQUIRED DISCLOSURES

1. DISCLOSURE OF LOBBYIST CONTACTS

List all persons that have made lobbying contacts on your behalf with respect to this contract:

Name	Address
None	

2. LOCAL BUSINESS PREFERENCE STATEMENT (CODE, CHAPTER 34, SECTION 34-230)

Local business means a Person, including a foreign corporation authorized to transact business in Illinois, having a bona fide establishment located within the County at which it is transacting business on the date when a Bid is submitted to the County, and which employs the majority of its regular, full-time work force within the County. A Joint Venture shall constitute a Local Business if one or more Persons that qualify as a "Local Business" hold interests totaling over 50 percent in the Joint Venture, even if the Joint Venture does not, at the time of the Bid submittal, have such a bona fide establishment within the County.

a) Is Applicant a "Local Business" as defined above?
Yes: X No: _____

b) If yes, list business addresses within Cook County:

The Guaridan Life Insurance Company
550 W. Jackson Blvd., Suite 800
Chicago, IL 60661

c) Does Applicant employ the majority of its regular full-time workforce within Cook County?
Yes: X No: _____

3. THE CHILD SUPPORT ENFORCEMENT ORDINANCE (CODE, CHAPTER 34, SECTION 34-172)

Every Applicant for a County Privilege shall be in full compliance with any child support order before such Applicant is entitled to receive or renew a County Privilege. When delinquent child support exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

All Applicants are required to review the Cook County Affidavit of Child Support Obligations attached to this EDS (EDS-5) and complete the Affidavit, based on the instructions in the Affidavit.

4. REAL ESTATE OWNERSHIP DISCLOSURES.

The Applicant must indicate by checking the appropriate provision below and providing all required information that either:

- a) The following is a complete list of all real estate owned by the Applicant in Cook County:

PERMANENT INDEX NUMBER(S): _____

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)

OR:

- b) The Applicant owns no real estate in Cook County.

5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.

If the Applicant is unable to certify to any of the Certifications or any other statements contained in this EDS and not explained elsewhere in this EDS, the Applicant must explain below:

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under Ownership Interest Declaration.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name First Commonwealth, Inc., a wholly owned subsidiary of The Guardian Life Insurance Company of America

D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): 75-215228

Street Address: 550 W. Jackson Blvd, Suite 800

City: Chicago State: IL Zip Code: 60661

Phone No.: 1-800-933-3136 Fax Number: _____ Email: _____

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
The Guardian Life Insurance Company of America		100%
7 Hanover Square, New York, NY 10004		

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

3. Is the Applicant constructively controlled by another person or Legal Entity? Yes No
 If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

Corporate Officers, Members and Partners Information:

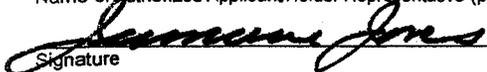
For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
See attached			

Declaration (check the applicable box):

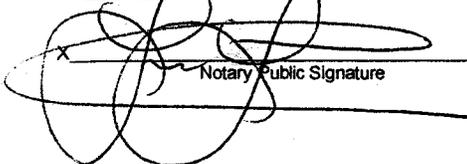
- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Jermaine Jones
Name of Authorized Applicant/Holder Representative (please print or type)


Signature

Jermaine Jones@glic.com
E-mail address

Subscribed to and sworn before me
this 10th day of June, 2015.


Notary Public Signature

Controller
Title

June 10th, 2015
Date

212-598-8633
Phone Number

My commission expires:
October 4, 2018

LESLIE LAWRENCE
NOTARY PUBLIC-STATE OF NEW YORK
No. 01LA6229069
Qualified in Kings County
My Commission Expires October 04, 2018

FIRST COMMONWEALTH, INC.

SECRETARY'S CERTIFICATE

STATE OF NEW YORK)
) SS:
COUNTY OF NEW YORK)

John Dolan being duly sworn, deposes and says:

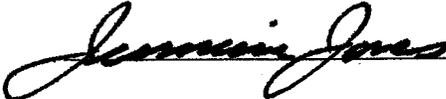
That I am an Assistant Secretary of First Commonwealth, Inc. (the "Company"), a corporation duly organized and existing under and by virtue of the Laws of the State of Delaware:

That the following omnibus resolution was adopted by the Board of Directors (the "Board") of the Company at its June 3, 2015 meeting:

“RESOLVED, that the respective officers of First Commonwealth, Inc., (the "Company") are hereby authorized to take or cause to be taken, on behalf of the Company, any and all actions which in their judgment, with the assistance of counsel, may be necessary or desirable for the conduct of the business of the Company, including executing and delivering certificates, instructions, requests or other instruments to third parties and preparing and filing reports and other documents with state and federal regulatory agencies or organizations.”

* * * * *

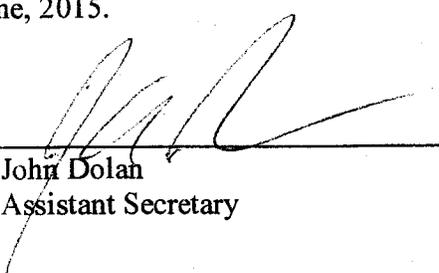
That the following individual is a duly elected, qualified and acting officer of the Company, having the title set forth opposite his name below and that his specimen signature appearing opposite his respective name is his genuine signature:

<u>Name</u>	<u>Title</u>	<u>Signature</u>
Jermaine Jones	Controller	

* * * * *

I, John Dolan, Assistant Secretary of First Commonwealth, Inc., do hereby certify that the foregoing referenced resolution was duly adopted and has not been modified, amended, rescinded or revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the corporate seal of
First Commonwealth, Inc. this 10th day of June, 2015.



John Dolan
Assistant Secretary

SEAL

Executive Officers of The Guardian Life Insurance Company of America

Name	Address	Principal Occupation	Offices & Positions (Past 5 Years)
Deanna M. Mulligan	40 Moorland Road Greenwich, CT 06831	President and Chief Executive Officer	<p><u>Guardian:</u> Director 7/11 to present; President and Chief Executive Officer 7/11 to present; President and Chief Operating Officer 11/10 to 7/11; Executive Vice President 7/08 to 10/10</p> <p><u>Guardian current:</u> Director and Chair, RS Investment Management Co. LLC; Trustee, RS Investment Trust and RS Variable Products Trust; Director, Guardian Bailie Gifford Limited</p> <p><u>Outside:</u> Director, American Council of Life Insurers (ACLI); Director, Partnership for New York City; Member, President's Advisory Council on Financial Capability for Young Americans; Director, Committee Encouraging Corporate Philanthropy (CECP); Director, Arch Capital Group Ltd. (ACGL)</p>
D. Scott Dofl	106 Stillson Road Fairfield, CT 06825	Executive Vice President, Chief Operating Officer	<p><u>Guardian:</u> Executive Vice President, Chief Operating Officer, 7/11 to present; Executive Vice President, Business and Operations 11/10 to 7/11; Executive Vice President, Retirement Solutions 1/08 to 11/10</p> <p><u>Guardian current:</u> Director of RS Investment Management Co. LLC; Director of Park Avenue Securities; Director of eMoney; Director, Hanover Square Funding</p> <p><u>Guardian former:</u> Director of Guardian Bailie Gifford Limited (8/11-1/14); Trustee for the Guardian Life Master Pension Trust (8/11-2/14)</p> <p><u>Outside:</u> Former EVP and COO of GE Asset Management; Board member of Life Insurance Council of New York (LICONY); Board member of LL Global/LIMRA and LOMA</p>

Executive Officers of The Guardian Life Insurance Company of America

Name	Address	Principal Occupation	Offices & Positions (Past 5 Years)
Dong Ahn	2150 Augusta Drive Center Valley, PA 18034	Executive Vice President, Group Profit Center Officer	<p>Guardian: Vice President, Group Profit Center Officer 1/11 to 3/13 Executive Vice President, Group Profit Center Officer 3/13 to present</p> <p>Guardian current: President and CEO for FCW Inc.; Director or similar title for subsidiaries of Guardian including Berkshire Life Insurance Company; First Commonwealth Family of Companies; Managed Dental Care; Managed DentalGuard, Inc. (NJ); Managed DentalGuard, Inc. (Texas); Reed Group; Premier Access Dental subsidiaries</p>
Marc Costantini	64 Radcliff Road Wellesley, MA 02482	Executive Vice President and Chief Financial Officer	<p>Guardian: Executive Vice President & Chief Financial Officer 2/14 to present</p> <p>Guardian current: Executive Vice President & Chief Financial Officer for subsidiaries of Guardian including Berkshire Life Insurance Company; The Guardian Insurance & Annuity Company Inc.; Guardian Investor Services LLC; Park Avenue Securities LLC; RS Investment Management Co. LLC; Hanover Square Funding</p> <p>Outside: Former Executive Officer, having numerous positions with Manulife Financial and John Hancock for 24 years; Member of the Board of Overseers of Children's Hospital Boston; he was also a member of Children's Finance Committee, Audit Committee, and Bond Finance Committee from 2007-2013. He is a trustee of Tenacre Country Day School in Wellesley, MA</p>

Executive Officers of The Guardian Life Insurance Company of America

Name	Address	Principal Occupation	Offices & Positions (Past 5 Years)
Anthony Marino	1 Central Park South Apt. 510 New York, NY 10020	Executive Vice President, Human Resources	<p>Guardian: Executive Vice President, Human Resources 9/14 to 2/15 (Note: Mr. Marino is no longer employed at Guardian.)</p> <p>Outside: Former Global Head of human Resources and Chief Human Resources Officer for The Americas 01/11 to 09/14; Former Chief Human Resources Officer at Ally Financial Inc. 2007-2010.</p>
Tracy L. Rich	65 North Farms Road, Avon, CT 06001	Executive Vice President, General Counsel and Corporate Secretary	<p>Guardian: Executive Vice President, General Counsel and Corporate Secretary 7/09 to present</p> <p>Guardian current: Executive Vice President & Corporate Secretary or similar titles for subsidiaries of Guardian including eMoney Advisor Holdings, LLC; The Guardian Insurance & Annuity Company Inc.; Guardian Investor Services LLC; Park Avenue Securities LLC; Park Avenue Life Insurance Company; Family Service Life Insurance Company; Sentinel American Life Insurance Company</p> <p>Guardian former: Executive Vice President & Corporate Secretary or similar titles for subsidiaries of Guardian including Berkshire life Insurance Company (removed 11/13); Innovative Underwriters, Inc. (removed 4/14); First Commonwealth Family of Companies (removed 3/14); Managed Dental Care (removed 3/14); Managed DentalGuard, Inc. (NJ) (removed 3/14); Managed DentalGuard, Inc. (Texas) (removed 3/14); Managed DentalGuard (Ohio) (removed 3/14); Reed Group (removed 3/14)</p> <p>Outside: Executive Vice President/General Counsel/Secretary and various other positions, Phoenix Life Insurance Company 1/00 to 06/09; past President of the Association of Life Insurance Counsel; former Adjunct Professor of Taxation at the University of Connecticut Law School</p>

Executive Officers of The Guardian Life Insurance Company of America

Name	Address	Principal Occupation	Offices & Positions (Past 5 Years)
Thomas G. Sorell	65 Ridgeview Avenue Greenwich, CT 06830	Executive Vice President & Chief Investment Officer	<p>Guardian: Executive Vice President & Chief Investment Officer 1/03 to present</p> <p>Guardian current: Executive Vice President & Chief Investment Officer for subsidiaries of Guardian including Berkshire Life Insurance Company of America; Guardian Investor Services LLC; Family Service Life Insurance Company; Sentinel American Life Insurance Company; Park Avenue Life Insurance Company; Guardian Insurance and Annuity Company Inc.; Director, Guardian Bailie Gifford Limited; Director, Lowe Enterprises Investment Management; Director, RS Investment Management Co. LLC.</p> <p>Outside: Member of the Board of Trustees of the Forman School.</p>



COOK COUNTY BOARD OF ETHICS
 69 W. WASHINGTON STREET, SUITE 3040
 CHICAGO, ILLINOIS 60602
 312/603-4304 Office 312/603-9988 Fax

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepotism Disclosure Requirement:

Doing a significant amount of business with the County requires that you disclose to the Board of Ethics the existence of any familial relationships with any County employee or any person holding elective office in the State of Illinois, the County, or in any municipality within the County. The Ethics Ordinance defines a significant amount of business for the purpose of this disclosure requirement as more than \$25,000 in aggregate County leases, contracts, purchases or sales in any calendar year.

If you are unsure of whether the business you do with the County or a County agency will cross this threshold, err on the side of caution by completing the attached familial disclosure form because, among other potential penalties, any person found guilty of failing to make a required disclosure or knowingly filing a false, misleading, or incomplete disclosure will be prohibited from doing any business with the County for a period of three years. The required disclosure should be filed with the Board of Ethics by January 1 of each calendar year in which you are doing business with the County and again with each bid/proposal/quotation to do business with Cook County. The Board of Ethics may assess a late filing fee of \$100 per day after an initial 30-day grace period.

The person that is doing business with the County must disclose his or her familial relationships. If the person on the County lease or contract or purchasing from or selling to the County is a business entity, then the business entity must disclose the familial relationships of the individuals who are and, during the year prior to doing business with the County, were:

- its board of directors,
- its officers,
- its employees or independent contractors responsible for the general administration of the entity,
- its agents authorized to execute documents on behalf of the entity, and
- its employees who directly engage or engaged in doing work with the County on behalf of the entity.

Do not hesitate to contact the Board of Ethics at (312) 603-4304 for assistance in determining the scope of any required familial relationship disclosure.

Additional Definitions:

“*Familial relationship*” means a person who is a spouse, domestic partner or civil union partner of a County employee or State, County or municipal official, or any person who is related to such an employee or official, whether by blood, marriage or adoption, as a:

- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Stepfather |
| <input type="checkbox"/> Child | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Father-in-law | <input type="checkbox"/> Stepson |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Mother-in-law | <input type="checkbox"/> Stepdaughter |
| <input type="checkbox"/> Aunt | <input type="checkbox"/> Son-in-law | <input type="checkbox"/> Stepbrother |
| <input type="checkbox"/> Uncle | <input type="checkbox"/> Daughter-in-law | <input type="checkbox"/> Stepsister |
| <input type="checkbox"/> Niece | <input type="checkbox"/> Brother-in-law | <input type="checkbox"/> Halfbrother |
| <input type="checkbox"/> Nephew | <input type="checkbox"/> Sister-in-law | <input type="checkbox"/> Halfsister |

**COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM**

A. PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY

Name of Person Doing Business with the County: _____

Address of Person Doing Business with the County: _____

Phone number of Person Doing Business with the County: _____

Email address of Person Doing Business with the County: _____

If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:

Dong H. Ahn, President, First Commonwealth, Inc., a subsidiary of The Guardian Life Insurance Company of America; email: dong-ahn@glic.com; telephone (212) 919-3283. For immediate attention, please contact, Stefanie Pike, Key Account Manager, email: stefanie_pike@glic.com; telephone (312) 279-2204.

B. DESCRIPTION OF BUSINESS WITH THE COUNTY

Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:

The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County: _____

11-87-001B

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 8,500,000

The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County: Nicole Large, MPA, CPPB, Contract Negotiator, Office of Cook County Chief Procurement Officer; email nicole.large@cookcountyiil.gov; telephone (312) 603-6831.

The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County: Deanna L. Zalas, Director, Employee Benefits, Workers' Compensation, General Liability, Safety/Loss Prevention, Cook County Building, Department of Risk Management, email: deanna.zalos@cookcountyiil.gov; telephone: (312) 603-6426.

C. DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR MUNICIPAL ELECTED OFFICIALS

Check the box that applies and provide related information where needed

The Person Doing Business with the County is an individual and there is no familial relationship between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

The Person Doing Business with the County is a business entity and there is no familial relationship between any member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

**COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM**

- The Person Doing Business with the County is an individual and there is a familial relationship between this individual and at least one Cook County employee and/or a person or persons holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County. **The familial relationships are as follows:**

Name of Individual Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more space is needed, attach an additional sheet following the above format.

- The Person Doing Business with the County is a business entity and there is a familial relationship between at least one member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity and/or employees directly engaged in contractual work with the County on behalf of the business entity, on the one hand, and at least one Cook County employee and/or a person holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County, on the other. **The familial relationships are as follows:**

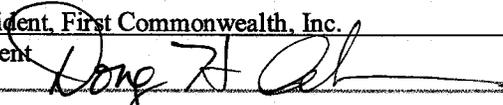
Name of Member of Board of Director for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Officer for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Name of Agent Authorized to Execute Documents for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Name of Employee of Business Entity Directly Engaged in Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more space is needed, attach an additional sheet following the above format.

VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete. I acknowledge that an inaccurate or incomplete disclosure is punishable by law, including but not limited to fines and debarment.

Dong H. Ahn, President, First Commonwealth, Inc.
 Signature of Recipient  Date 7/6/2015

SUBMIT COMPLETED FORM TO: Cook County Board of Ethics
 69 West Washington Street, Suite 3040, Chicago, Illinois 60602
 Office (312) 603-4304 – Fax (312) 603-9988
 CookCounty.Ethics@cookcountyil.gov

* Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (i.e. in laws and step relations) or adoption.

SECTION 4

CONTRACT AND EDS EXECUTION PAGE
PLEASE EXECUTE THREE ORIGINALS

The Applicant hereby certifies and warrants: that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Applicant is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Applicant with all the policies and requirements set forth in this EDS; and that all facts and information provided by the Applicant in this EDS are true, complete and correct. The Applicant agrees to inform the Chief Procurement Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

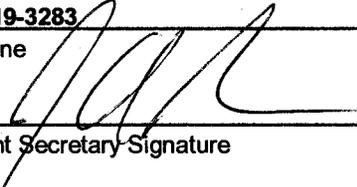
Execution by Corporation

Dong H. Ahn, First Commonwealth, Inc.
President's Name


President's Signature

(212) 919-3283
Telephone

Dong Ahn@glic.com
Email


Assistant Secretary Signature

7/6/15
Date

Execution by LLC

Member/Manager (Signature)*

Date

Telephone

Email

Execution by Partnership/Joint Venture

Partner/Joint Venturer (Signature)*

Date

Telephone

Email

Execution by Sole Proprietorship

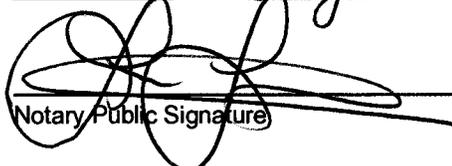
Signature

Date

Telephone

Email

Subscribed and sworn to before me this
6th day of July, 2015.


Notary Public Signature

My commission expires:

October 4, 2018
Notary Seal

LESLIE LAWRENCE
NOTARY PUBLIC-STATE OF NEW YORK
No. 011A6229069
Qualified in Kings County
My Commission Expires October 04, 2013

If the operating agreement, partnership agreement or governing documents requiring execution by multiple members, managers, partners, or joint venturers, please complete and execute additional Contract and EDS Execution Pages.

MBE/WBE UTILIZATION PLAN - FORM 1

BIDDER/PROPOSER HEREBY STATES that all MBE/WBE firms included in this Plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions – Section 19.

I. BIDDER/PROPOSER MBE/WBE STATUS: (check the appropriate line)

- Bidder/Proposer is a certified MBE or WBE firm. (If so, attach copy of current Letter of Certification)
- Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified MBEs or WBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit – available online at www.cookcountyiil.gov/contractcompliance)
- Bidder/Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent – Form 2).

II. Direct Participation of MBE/WBE Firms Indirect Participation of MBE/WBE Firms

NOTE: Where goals have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.

MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: Risk Management Solutions of America, Inc.

Address: 309 West Washington Street, Suite 200, Chicago, IL 60606

E-mail: bjones@rmsoa.com

Contact Person: Bennie Jones Phone: 312-960-6206

Dollar Amount Participation: \$ 30,354.77 (est) paid monthly DHMO 12/1/15-11/30/16

Percent Amount of Participation: 30% %

*Letter of Intent attached? Yes No

*Current Letter of Certification attached? Yes No

MBE/WBE Firm: Risk Management and Information Systems, Inc.

Address: 151 North Michigan Avenue, Suite 2404, Chicago IL 60601

E-mail: celeste_rmis@sbcglobal.net

Contact Person: Celeste D. Watts Phone: 312-819-1065

Dollar Amount Participation: \$ 5,059.13 (est) paid monthly DHMO 12/1/15-11/30/16

Percent Amount of Participation: 5% %

*Letter of Intent attached? Yes No

*Current Letter of Certification attached? Yes No

Attach additional sheets as needed.

*** Letter(s) of Intent and current Letters of Certification must be submitted at the time of bid.**

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: Risk Management and Information Systems, Inc. Certifying Agency: _____

Contact Person: Celeste D. Watts

Certification Expiration Date: _____

Address: 151 North Michigan Avenue, Suite 2404

Ethnicity: _____

City/State: Chicago/ IL Zip: 60601

Bid/Proposal/Contract #: _____

Phone: 312-819-1065 Fax: 312-819-1078

FEIN #: _____

Email: celeste_rmis@sbcglobal.net

Participation: Direct Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

No Yes - Please attach explanation. Proposed Subcontractor(s): _____

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: *(if more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)*

Customer Service Support

Indicate the **Dollar Amount**, **Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:

\$5,059.13 (estimate) monthly 5% DHMO 12/1/15-11/30/16

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above-work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Celeste D. Watts
Signature (M/WBE)

Dong H. Ahn
Signature (Prime Bidder/Proposer)

Celeste D. Watts
Print Name

Dong H. Ahn
Print Name

Risk Management & Information Systems, Inc.
Firm Name

First Commonwealth, Inc.
Firm Name

7/7/15
Date

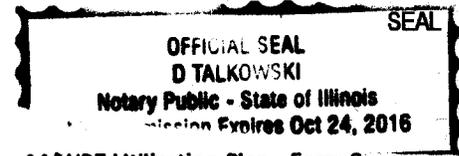
7/6/2015
Date

Subscribed and sworn before me
this 7 day of July, 2015

Subscribed and sworn before me
this 6 day of July, 2015

Notary Public D Talkowski

Notary Public Leslie Lawrence



SEAL
LESLIE LAWRENCE
NOTARY PUBLIC-STATE OF NEW YORK
No. 01LA6229069
Qualified in Kings County
My Commission Expires October 04, 2016
Revised: 1/29/14

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: Risk Management and Information Systems, Inc. Certifying Agency: _____

Contact Person: Celeste D. Watts

Certification Expiration Date: _____

Address: 151 North Michigan Avenue, Suite 2404

Ethnicity: _____

City/State: Chicago/ IL Zip: 60601

Bid/Proposal/Contract #: _____

Phone: 312-819-1065 Fax: 312-819-1078

FEIN #: _____

Email: celeste_rmis@sbcglobal.net

Participation: Direct Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

No Yes - Please attach explanation. Proposed Subcontractor(s): _____

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Customer Service Support

Indicate the **Dollar Amount**, **Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:

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Celeste D. Watts

Signature (M/WBE)

Dong H. Ahn

Signature (Prime Bidder/Proposer)

Celeste D. Watts

Print Name

Dong H. Ahn

Print Name

Risk Management & Information Systems, Inc.

Firm Name

First Commonwealth, Inc.

Firm Name

7/7/15

Date

7/6/2015

Date

Subscribed and sworn before me

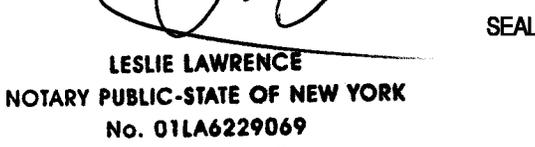
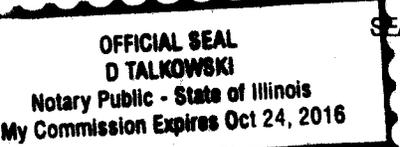
this 7 day of July, 2015

Notary Public D Talkowski

Subscribed and sworn before me

this 6th day of July, 2015

Notary Public Leslie Lawrence



MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: Risk Management and Information Systems, Inc. Certifying Agency: _____

Contact Person: Celeste D. Watts Certification Expiration Date: _____

Address: 151 North Michigan Avenue, Suite 2404 Ethnicity: _____

City/State: Chicago/IL Zip: 60601 Bid/Proposal/Contract #: _____

Phone: 312-819-1065 Fax: 312-819-1078 FEIN #: _____

Email: celeste_rmis@sbcglobal.net

Participation: Direct Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

No Yes - Please attach explanation. Proposed Subcontractor(s): _____

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: *(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)*

Customer Service Support

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:
\$5,059.13 (estimate) monthly 5% DHMO 12/1/15-11/30/16

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Celeste D. Watts
Signature (M/WBE)

Dong H. Ahn
Signature (Prime Bidder/Proposer)

Celeste D. Watts
Print Name

Dong H. Ahn
Print Name

Risk Management & Information Systems, Inc.
Firm Name

First Commonwealth, Inc.
Firm Name

7/7/15
Date

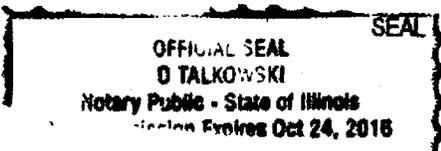
7/6/2015
Date

Subscribed and sworn before me
this 7 day of July, 2015

Subscribed and sworn before me
this 6 day of July, 2015

Notary Public D Talkowski

Notary Public Leslie Lawrence



SEAL
LESLIE LAWRENCE
NOTARY PUBLIC-STATE OF NEW YORK
No. 01LA6229069
Qualified in Kings County

