

AMENDMENT NO. 1

This Amendment modifies Contract No. 15-18-14008 for Employer Sponsored Health Insurance Benefits, by and between the County of Cook, Illinois, herein referred to as "County" and Blue Cross and Blue Shield of Illinois, A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, an Illinois corporation hereinafter referred to as "BCBSIL" (the "Contract"):

RECITALS

Whereas, the County and BCBSIL have entered into the Contract, which was approved by the County Board on October 28, 2015; and

Whereas, under the Contract, BCBSIL is to provide services related to Employer Sponsored Health Insurance Benefits (as stated in the Contract) from December 1, 2015 through November 30, 2018, with two (2) one-year renewal options; and

Whereas, the County and BCBSIL desire to revise Attachment A to Exhibit 1, Scope of Work to correct an omission in the original Health Plan Design document, which was previously included in the Contract; and

Whereas, subject to execution of the amendment by both parties, Amendment No. 1 shall be deemed effective as of December 1, 2015, and

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 hereby amended to delete Attachment A, Health Plan Designs from Exhibit 1, Scope of Work and replace it with an amended Health Plan Design document, which is attached to this Amendment No. 1 as Attachment A.
2. The Economic Disclosures Statement and MBE/WBE Utilization Plan forms included in this Amendment No. 1 as Attachment B are incorporated and made a part of this Contract.
3. All other terms and conditions remain as stated in the Contract.

In witness whereof, the County and BCBSIL have caused this **Amendment No. 1** to be executed by their respective authorized representatives on the date and year last written below.

County of Cook, Illinois

By: 
Chief Procurement Officer

By: 
State's Attorney (if applicable)

Blue Cross Blue Shield Of Illinois


Signed

Maurice S. Smith
Type or print name

President
Title

Date: 17 May 2016

Date: 4/18/16

Contract No. 1518-14008
Vendor Name: Blue Cross and Blue Shield of Illinois, A Division of Health Care
Service Corporation, A Mutual Legal Reserve Company

ATTACHMENT A

Health Plan Designs

ATTACHMENT A

HEALTH PLAN DESIGNS

HMO

	Benefits Effective until 11/30/2015	Benefits Effective 12/1/2015*
Classic Blue Option	In Effect	Eliminated
Out of Pocket Maximum	Drug Copays do not accumulate to OOP Max	All Copays accumulate to OOP Max
Out of Pocket Maximum	\$1,500 single / \$3,000 family	\$1,600 single / \$3,200 family
Inpatient Facility	\$100 copay per admit	\$100 copay per admit
Preventive	\$10 copay	\$0 copay (100% Covered)
Other PCP / Urgent Care	\$10 copay	\$15 copay
Specialists	\$10 copay	\$20 copay
X-Ray / Diagnostic tests (performed in lab or hospital)	\$0 copay	\$0 copay
Accident / illness	\$10 copay	\$15 copay
Emergency Room	\$40 copay	\$75 copay

* Eligibility for plan requires union ratification and/or approval of Board of Commissioners.

PPO

	Benefits Effective until 11/30/2015	Benefits Effective 12/1/2015
<i>Deductible and Out of Pocket Maximum</i>	Copay and Deductibles do not accumulate to OOP Max	Copay and Deductibles do accumulate to OOP Max
<i>Annual Deductible</i>	\$125 / \$250 (Single / Family) 2x Out of Network	\$350 / \$700 (Single / Family) 2x Out of Network
<i>Out of Pocket Maximum</i>	\$1,500/\$3,000 (Single / Family) 2x Out of Network	\$1,600/\$3,200 (Single / Family) 2x Out of Network
<i>Inpatient Facility</i>	90% In network / 60% Out of network	90% In network / 60% Out of network
<i>Preventive</i>	90% coinsurance after \$25 copay / 60% Out of network	\$0 copay (100% Covered)
<i>PCP</i>	90% coinsurance after \$25 copay / 60% Out of network	90% coinsurance after \$25 copay / 60% Out of network
<i>Specialists</i>	90% coinsurance after \$25 copay / 60% Out of network	90% coinsurance after \$35 copay / 60% Out of network
<i>X-Ray / Diagnostic tests (performed in lab or hospital)</i>	90% In network 60% Out of network	90% In network 60% Out of network
<i>Accident / Illness</i>	90% coinsurance after \$25 copay / 60% Out of network	90% coinsurance after \$25 copay / 60% Out of network
<i>Emergency Room – In / Out of Network</i>	\$40 copay	\$75 copay

* Eligibility for plan requires union ratification and/or approval of Board of Commissioners.

High Deductible PPO

	Benefits Effective until 11/30/2016	Benefits Effective 12/1/2016 **
<i>Deductible and Out of Pocket Maximum</i>	Not Applicable	Copay and Deductibles do accumulate to OOP Max
<i>Annual Deductible</i>	Not Applicable	Tier 1: \$1,500 / \$3,000 Tier 2: \$2,500 / \$5,000 Tier 3: \$5,000 / \$12,000 (Single / Family)
<i>Out of Pocket Maximum</i>	Not Applicable	Tier 1: \$3,000 / \$6,000 Tier 2: \$5,000 / \$10,000 Tier 3: \$10,000 / \$20,000 (Single / Family)
<i>Inpatient/Outpatient Admission</i>	Not Applicable	Tier 1: 90% Tier 2: 80% Tier 3: 70%
<i>Preventive</i>	Not Applicable	100% Covered
<i>PCP</i>	Not Applicable	Tier 1: 90% Tier 2: 80% Tier 3: 70%
<i>Specialists</i>	Not Applicable	Tier 1: 90% Tier 2: 80% Tier 3: 70%
<i>Urgent Care</i>	Not Applicable	90% Coinsurance In/Out of Network
<i>Emergency Room</i>	Not Applicable	90% Coinsurance In/Out of Network
<i>All Prescriptions</i>	Not Applicable	90%

** Eligibility for plan limited to non-union employees.

Contract No. 1518-14008
Vendor Name: Blue Cross and Blue Shield of Illinois, A Division of Health Care
Service Corporation, A Mutual Legal Reserve Company

ATTACHMENT B

Economic Disclosure Statement

MBE/WBE Utilization Plan Forms

CONTRACT NO.

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

Section	Description	Pages
1	Instructions for Completion of EDS	EDS i - ii
2	Certifications	EDS 1- 2
3	Economic and Other Disclosures, Affidavit of Child Support Obligations, Disclosure of Ownership Interest and Familial Relationship Disclosure Form	EDS 3 - 12
4	Cook County Affidavit for Wage Theft Ordinance	EDS 13-14
5	Contract and EDS Execution Page	EDS 15-17
6	Cook County Signature Page	EDS 18

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
<u>NA</u>	
_____	_____
_____	_____

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:
300 E. Randolph Street, Chicago, Illinois 60601-5099

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

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.

CONTRACT NO:

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): 17-10-318-034-0000

300 E. Randolph Street, Chicago, Illinois 60601-5099

(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:

N/A

If the letters, "NA", the word "None" or "No Response" appears above, or if the space is left blank, it will be conclusively presumed that the Applicant certified to all Certifications and other statements contained in this EDS.

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 Health Care Service Corporation, a Mutual Legal Reserve Company

D/B/A: _____ FEIN NO.: 36-1236610

Street Address: 300 E. Randolph Street

City: Chicago State: Illinois Zip Code: 60601-5099

Phone No.: 312-653-8069 (Robert Miller) Fax Number: 312-228-7914 Email: Robert_Miller@bcbsil.com

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

Corporate File Number (if applicable): NA

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) a Mutual Legal Reserve Company

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
NA		

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
NA		

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
NA			

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
Please see the attached list of HCSC officers and Board of Directors.			

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.

CONTRACT NO.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Maurice Smith

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

Maurice Smith

Signature

SmithM@bcbsil.com

E-mail address

President, Illinois Division

Title

October 1, 2015

Date

(312) 653-4729

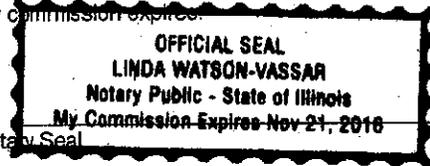
Phone Number

Subscribed to and sworn before me
this 2 day of October, 2015

My Commission Expires:

L. Vassar

Notary Public Signature



Notary Seal



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"/> Half-brother |
| <input type="checkbox"/> Nephew | <input type="checkbox"/> Sister-in-law | <input type="checkbox"/> Half-sister |

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:

Health Care Service Corporation, a Mutual Legal Reserve Company

300 E. Randolph Street, Chicago, Illinois 60601-5099 Contact : Robert Miller- 312-653-8069 , Robert_Miller@bcbsil.com

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 preceding 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: 15-18-14008

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ Confidential

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: Robert Miller Vice President- Municipal Accounts- 312-653-8069, Robert_Miller@bcbsil.com

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: Robert Miller Vice President- Municipal Accounts- 312-653-8069, Robert_Miller@bcbsil.com

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

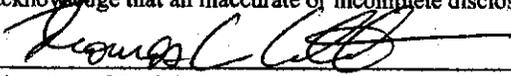
Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	CONTRACT NO.
			Nature 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	CONTRACT NO.
			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	CONTRACT NO.
			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.



 Signature of Recipient

10/2/15

 Date

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

COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

Effective May 1, 2015, every Person, **including Substantial Owners**, seeking a Contract with Cook County must comply with the Cook County Wage Theft Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who fails to comply with Cook County Wage Theft Ordinance, may request that the Chief Procurement Officer grant a reduction or waiver in accordance with Section 34-179(d).

"Contract" means any written document to make Procurements by or on behalf of Cook County.

"Person" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"Procurement" means obtaining supplies, equipment, goods, or services of any kind.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage Theft Ordinance before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information.

I. Contract Information:

Contract Number: 15-18-14008

County Using Agency (requesting Procurement): Cook County Risk Management

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): Health Care Service Corporation, a Mutual Legal Reserve Company

Substantial Owner Complete Name: Not applicable.

FEIN# 36-1236610

Date of Birth: Not applicable.

E-mail address: Robert_Miller@bcbsil.com

Street Address: 300 E. Randolph Street

City: Chicago

State: Illinois

Zip: 60601-5099

Home Phone: (312) 653-8069 (Robert Miller Office number) Driver's License No. Not applicable.

III. Compliance with Wage Laws:

Within the past five years has the Person/Substantial Owner, in any judicial or administrative proceeding, been convicted of, entered a plea, made an admission of guilt or liability, or had an administrative finding made for committing a repeated or willful violation of any of the following laws:

Illinois Wage Payment and Collection Act, 820 ILCS 115/1 et seq., YES or **NO**

Illinois Minimum Wage Act, 820 ILCS 105/1 et seq., YES or **NO**

Illinois Worker Adjustment and Retraining Notification Act, 820 ILCS 65/1 et seq., YES or **NO**

Employee Classification Act, 820 ILCS 185/1 et seq., YES or **NO**

Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq., YES or **NO**

Any comparable state statute or regulation of any state, which governs the payment of wages YES or **NO**

If the Person/Substantial Owner answered "Yes" to any of the questions above, it is ineligible to enter into a Contract with Cook County, but can request a reduction or waiver under **Section IV**.

IV. Request for Waiver or Reduction

If Person/Substantial Owner answered "Yes" to any of the questions above, it may request a reduction or waiver in accordance with Section 34-179(d), provided that the request for reduction or waiver is made on the basis of one or more of the following actions that have taken place:

There has been a bona fide change in ownership or Control of the ineligible Person or Substantial Owner
YES or NO

Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violation
YES or NO

Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default
YES or NO

Other factors that the Person or Substantial Owner believe are relevant.
YES or NO

The Person/Substantial Owner must submit documentation to support the basis of its request for a reduction or waiver. The Chief Procurement Officer reserves the right to make additional inquiries and request additional documentation.

V. Affirmation

The Person/Substantial Owner affirms that all statements contained in the Affidavit are true, accurate and complete.

Signature: Maurice D. Smith Date: October 1, 2015

Name of Person signing (Print): Maurice Smith Title: President, Illinois Division

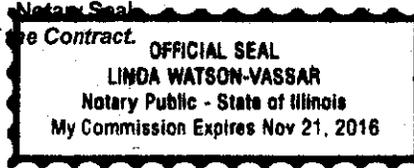
Subscribed and sworn to before me this 1 day of October, 2015

L. Vassar

Notary Public Signature

Notary Seal

Note: The above information is subject to verification prior to the award of the Contract.



SECTION 5

CONTRACT AND EDS EXECUTION PAGE
PLEASE EXECUTE THREE ORIGINAL COPIES

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

Health Care Service Corporation, a Mutual Legal Reserve Company

Corporation's Name

(312) 653-4729

Telephone

Secretary Signature

Catherine Nelson
VP & General Counsel

Maurice Smith, President-Illinois Division

President's Printed Name and Signature

SmithM@bcbsil.com

Email

October 1, 2015

Date

Execution by LLC

LLC Name

*Member/Manager Printed Name and Signature

Date

Telephone and Email

Execution by Partnership/Joint Venture

Partnership/Joint Venture Name

*Partner/Joint Venturer Printed Name and Signature

Date

Telephone and Email

Execution by Sole Proprietorship

Printed Name and Signature

Date

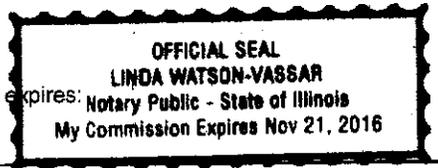
Telephone

Email

Subscribed and sworn to before me this
1 day of October, 2015.

L. Vassar
Notary Public Signature

Notary Seal



My commission expires: **Notary Public - State of Illinois**
My Commission Expires Nov 21, 2016

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.

Health Care Service Corporation

Principal Officers	
Title	Name
Chairman of the Board	Milton Carroll
CEO	Patricia A. Hemingway Hall
President	Paula A. Steiner
Secretary	Vacant
Treasurer	Gerard T. Mallen
Executive Vice President and President of Plan Operations	Colleen F. Reitan
Executive Vice President	Karen M. Atwood
Executive Vice President	John Cannon III
President, Illinois Division	Maurice S. Smith
President, Montana Division	Michael E. Frank
President, New Mexico Division	Kurt B. Shipley
President, Oklahoma Division	M. Ted Haynes
President, Texas Division	Bert E. Marshall
President, Retail Markets	Jeffrey A. Tikkanen
President, Government Programs	Mark W. Owen
Senior Vice President, CFO	Kenneth S. Avner
Senior Vice President and CIO	Steven Betts
Senior Vice President	Kevin M. Cassidy
Senior Vice President	Carolyn L. Dawson
Senior Vice President	Stephen F. Hamman
Senior Vice President	James L. Kadela
Senior Vice President and Chief Actuary	Janice J. Knight
Senior Vice President	Thomas C. Lubben
Senior Vice President and CMO	Stephen L. Ondra, M.D.
Senior Vice President	Nazneen Razi
Senior Vice President	J. Darren Rodgers

HCSC Board of Directors
Milton Carroll, Chairman
Patricia A. Hemingway Hall, CEO
Timothy L. Burke
Robert T. Clarke
Michelle L. Collins
James R. Corrigan
Tieman H. Dippel, Jr.
Dennis J. Gannon
Dianne B. Gasbarra, M.D.
Chase T. Hibbard
Thomas R. Hix
Elaine M. Mendoza
M. Ray Perryman, Ph.D.
Waneta C. Tuttle, Ph. D.

HCSC senior officers and Board of Directors as of August 15, 2015



OFFICE OF CONTRACT COMPLIANCE

JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

March 4, 2016

Ms. Shannon Andrews
Chief Procurement Officer
County Building, Room 1018
Chicago, IL 60602

Re: Contract #1518-14008
Employer-Sponsored Health Insurance Benefits

Dear Ms. Andrews:

The Office of Contract Compliance has received a request to modify the Utilization Plan on the above-referenced contract. The request has been carefully reviewed and approved. As such, the revised Utilization Plan and Letter(s) of Intent are attached. Below is a summary of the MWBE participation.

Bidder: Blue Cross & Blue Shield of Illinois

Bid Amount: \$884,195,500.00 (MBE/WBE participation based off \$20,343,776.00 Administrative Services Only)

<u>MWBE</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment</u>
Action Bag Company	WBE-7	City of Chicago	2% Direct
Consolidated Printing Company, Inc.	WBE-7	Cook County	0.50% Direct
Innovative Systems Group, Inc.	MBE-8	City of Chicago	8% Indirect
Instant Technology, LLC	WBE-7	City of Chicago	7% Indirect
Kairos Consulting Worldwide, LLC	MWBE-6	City of Chicago	1.5% Direct
Montenegro Paper Ltd.	MBE-9	Cook County	2% Direct
My Wellness Community, Inc.	MBE-6	City of Chicago	4% Direct
VIVA USA Inc.	MWBE-8	City of Chicago	9% Indirect
Wedgeworth Business Communication	MBE-6	City of Chicago	<u>1.5% Direct</u>
			35.5%

Sincerely,

Jacqueline Gomez
Director

JG/la

Cc: Deanna Zalas, Risk Management

TONI PRECKWINKLE

PRESIDENT

Cook County Board
of Commissioners

RICHARD R. BOYKIN
1st District

ROBERT STEELE
2nd District

JERRY BUTLER
3rd District

STANLEY MOORE
4th District

DEBORAH SIMS
5th District

JOAN PATRICIA MURPHY
6th District

JESUS G. GARCIA
7th District

LUIS ARROYO JR.
8th District

PETER N. SILVESTRI
9th District

BRIDGET GAINER
10th District

JOHN P. DALEY
11th District

JOHN A. FRITCHEY
12th District

LARRY SUFFREDIN
13th District

GREGG GOSLIN
14th District

TIMOTHY O. SCHNEIDER
15th District

JEFFREY R. TOBOLSKI
16th District

SEAN M. MORRISON
17th District

Revised 03/04/2016



LaTonya Fourte'-Lyles
300 E Randolph Street
Chicago, IL 60601
February 26, 2016

Jacqueline Gomez
Director Office of Contract Compliance

Cook County
118 N. Clark Street
Room 1018
Chicago, IL 60602

Dear Ms. Gomez:

This letter is to address the current contract that Blue Cross Blue Shield of Illinois (BCBSIL), an operating division of Health Care Service Corporation, holds with Cook County for the Employer-Sponsored Health Insurance Benefits. This letter is a formal request to modify the current utilization plan.

The current contract with Cook County includes [7] suppliers: Action Bag, Innovative Systems Group, Inc., Instant Technology, Kairos Consulting Worldwide, LLC, Montenegro Paper, My Wellness Community, Inc. and VIVA USA. BCBSIL is seeking to modify the current utilization plan to further enhance the Health & Wellness Program that we are creating on behalf of the Cook County Employees. As a result we are looking to add two addition suppliers and split/modify the current plan for Kairos to reflect that they will no longer be subcontracting any work to another firm. BCBSIL will be adding Consolidated Printing Company and Wedgeworth Business Communications. Wedgeworth was originally included under the Letter of Intent (LOI) for Kairos Consulting, however upon completing their certification they are now eligible to hold their own LOI for this contract.

Consolidated Printing Company is a printing company whose premise is based on sustainability and uses environmentally friendly products and practices.

Wedgeworth Business Communications is a visual communications firm which takes a strategic approach to creating and designing communications materials for their clients.

Percentage-wise, the commitment for each supplier is apportioned as follows:

- Action Bag = 2%
- Innovative Systems Group = 8%
- Instant Technology = 7%

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.cookcountyil.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: Action Bag Company
Address: 1001 Entry Drive, Bensenville, IL 60106
E-mail: info@actionbag.com
Contact Person: Nancy Cwynar Phone: 800-824-2247
Dollar Amount Participation: \$ _____
Percent Amount of Participation: 2 %
*Letter of Intent attached? Yes X No _____
*Current Letter of Certification attached? Yes x No _____

MBE/WBE Firm: Consolidated Printing Company, Inc.
Address: 5942 North Northwest Highway
E-mail: marilyn@consolidatedprinting.net
Contact Person: Marilyn K. Jones Phone: 773-631-2800
Dollar Amount Participation: \$ _____
Percent Amount of Participation: 0.50 %
*Letter of Intent attached? Yes X No _____
*Current Letter of Certification attached? Yes x 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 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.

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

MBE/WBE Firm: Innovative Systems Group, Inc
Address: 799 Roosevelt Road, Building 4 Suite 109, Glen Ellyn, IL 60137
E-mail: cindym@innovativesys.com
Contact Person: Joselito Salas Phone: 630-858-8500
Dollar Amount Participation: \$ _____
Percent Amount of Participation: 8 %
*Letter of Intent attached? Yes X No _____
*Current Letter of Certification attached? Yes x No _____

MBE/WBE Firm: Instant Technology, LLC
Address: 200 W Adams St, Suite 1440, Chicago, IL 60606
E-mail: rrouhoff@instanttechnology.com
Contact Person: Rona Borre Phone: 312-582-2600
Dollar Amount Participation: \$ _____
Percent Amount of Participation: 7 %
*Letter of Intent attached? Yes X No _____
*Current Letter of Certification attached? Yes x 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 UTILIZATION PLAN - FORM 1

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

MBE/WBE Firm: Kairos Consulting Worldwide, LLC
Address: 1 S Dearborn Street, Suite 2100
E-mail: lynn.sutton@kairosworldwide.com
Contact Person: Lynn Sutton Phone: 312-757-5197
Dollar Amount Participation: \$ _____
Percent Amount of Participation: 1.5 %
*Letter of Intent attached? Yes X No _____
*Current Letter of Certification attached? Yes x No _____

MBE/WBE Firm: Montenegro Paper
Address: 400 W Lake St, Suite 214, Roselle, IL 60172
E-mail: info@montenegropaper.com
Contact Person: Irma Bates Phone: 630-894-0350
Dollar Amount Participation: \$ _____
Percent Amount of Participation: 2 %
*Letter of Intent attached? Yes X No _____
*Current Letter of Certification attached? Yes x 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 UTILIZATION PLAN - FORM 1

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

MBE/WBE Firm: My Wellness Community
Address: 542 S Dearborn St., 8th Floor, Chicago, IL 60605
E-mail: csmith@mywellnesscommunity.com
Contact Person: Charles Smith Phone: 312-724-8358
Dollar Amount Participation: \$ _____
Percent Amount of Participation: 4 %
*Letter of Intent attached? Yes X No _____
*Current Letter of Certification attached? Yes x No _____

MBE/WBE Firm: VIVA USA, Inc.
Address: 3601 Algonquin Rd, Suite 425, Rolling Meadows, IL 60008
E-mail: vilangovan@viva-it.com
Contact Person: Vasanthi Ilangovan Phone: 847-368-0860
Dollar Amount Participation: \$ _____
Percent Amount of Participation: 9 %
*Letter of Intent attached? Yes X No _____
*Current Letter of Certification attached? Yes x 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 UTILIZATION PLAN - FORM 1

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- 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: Wedgeworth Business Communciations
Address: 2215 Enterprise Drive
E-mail: pamela@wedgeworthbiz.com
Contact Person: Pamela Wedgeworth Phone: 708-223-0019
Dollar Amount Participation: \$ _____
Percent Amount of Participation: 1.5 %
*Letter of Intent attached? Yes X No _____
*Current Letter of Certification attached? Yes x No _____

MBE/WBE Firm: _____
Address: _____
E-mail: _____
Contact Person: _____ Phone: _____
Dollar Amount Participation: \$ _____
Percent Amount of Participation: _____ %
*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.**

COOK COUNTY GOVERNMENT LETTER OF INTENT (SECTION 2)

M/WBE Firm: Kairos Consulting Worldwide, LLC

Certifying Agency: City of Chicago

Address: 1 S. Dearborn Street, Suite 2100

Certification Expiration Date: 2/15/2020

City/State: Chicago Zip: 60603

FEIN #: 73-1717532

Phone: 312-757-5197 Fax: 312-757-5492

Contact Person: Lynn Sutton

Email: lynn.sutton@kairosworldwide.com

Contract #:

Participation: Direct Indirect

Will the M/WBE firm be subcontracting any of the performance of this contract to another firm?

No Yes - Please attach explanation: Proposed Subcontractor: _____

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract:

Provide coordination, navigation, and logistical support that will enhance the Health & Wellness Program Promotion for Cook County Employees.

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

1.5% 300,214.- Invoices paid upon receipt.

(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder/Proposer's receipt of a signed contract from the County of Cook. 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.

Signature (M/WBE)

Lynn E. Sutton

Print Name

Kairos Consulting Worldwide, LLC

Firm Name

Feb 11, 2016

Date

Signature (Prime Bidder/Proposer)

LaTonya Fourte-Lyles

Print Name

Blue Cross Blue Shield of Illinois

Firm Name

2/12/16

Date

Subscribed and sworn before me:

this 11 day of February, 20 16

Notary Public: Kristopher D Lewis

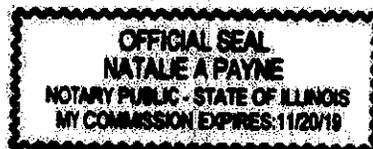
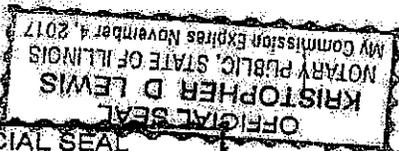
SEAL

Subscribed and sworn before me:

this 12th day of February, 20 16

Notary Public: Natalie A. Payne

SEAL



EDS-2

COOK COUNTY GOVERNMENT LETTER OF INTENT (SECTION 2)

MWBE Firm: Wedgeworth Business Communications

Certifying Agency: City of Chicago

Address: 2215 Enterprise Drive

Certification Expiration Date: 12/22/16

City/State: Westchester, IL Zip: 60154

FEIN #: 36-4380804

Phone: 708-223-0019 Fax: 866-213-9943

Contact Person: Pamela Wedgeworth

Email: pamela@wedgeworthbiz.com

Contract #:

Participation: Direct Indirect

Will the MWBE firm be subcontracting any of the performance of this contract to another firm?

No Yes - Please attach explanation: Proposed Subcontractor:

The undersigned MWBE is prepared to provide the following Commodities/Services for the above named Project/ Contract:

Develop specialized and comprehensive communication plans that will enhance the Health & Wellness Program for Cook County Employees.

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

1.5% 300,214 - Invoices paid upon receipt.

(If more space is needed to fully describe MWBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder/Proposer's receipt of a signed contract from the County of Cook. 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.

Pamela J. Wedgeworth
Signature (MWBE)

LaTonya Fource-Lyles
Signature (Prime Bidder/Proposer)

Pamela Wedgeworth
Print Name

LaTonya Fource-Lyles
Print Name

Print Name

Print Name

Wedgeworth Business Communications
Firm Name

Blue Cross Blue Shield of Illinois
Firm Name

Firm Name

Firm Name

2/12/2016
Date

2/12/16
Date

Date

Date

Subscribed and sworn before me

Subscribed and sworn before me

this 12th day of February, 2016

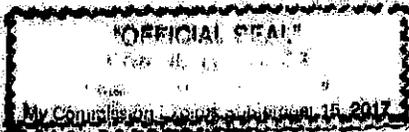
this 12th day of February, 2016

Notary Public Christine T. Brown

Notary Public Natalie A. Payne

SEAL

SEAL



COOK COUNTY GOVERNMENT LETTER OF INTENT (SECTION 2)

M/WBE Firm: Consolidated Printing Company Inc.

Certifying Agency: Cook County

Address: 5942 North Northwest Highway

Certification Expiration Date: 3/13/2016

City/State: Chicago, IL Zip: 60631-2664

FEIN #: _____

Phone: 773-631-2800 Fax: 773-631-2822

Contact Person: Marilyn K. Jones

Email: marilyn@consolidatedprinting.net

Contract #: _____

Participation: Direct Indirect

Will the M/WBE firm be subcontracting any of the performance of this contract to another firm?

No Yes - Please attach explanation. Proposed Subcontractor: _____

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/Contract:

The supplier will be providing printing. There are direct ties to the Health & Wellness Plan with BCBSIL.

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

0.50% - 100,000 - Payments made upon invoicing.

(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder/Proposer's receipt of a signed contract from the County of Cook. 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.

Marilyn K. Jones
Signature (M/WBE)

LaTonya Fourte-Lyles
Signature (Prime Bidder/Proposer)

Marilyn K. Jones
Print Name

LaTonya Fourte-Lyles
Print Name

Print Name

Print Name

Consolidated Printing Company Inc.
Firm Name

Blue Cross Blue Shield of Illinois
Firm Name

Firm Name

Firm Name

02/12/16
Date

2/12/16
Date

Subscribed and sworn before me

Subscribed and sworn before me

this 12 day of February, 2016

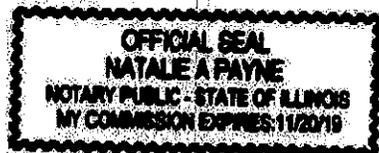
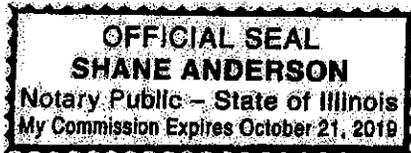
this 12 day of February, 2016

Notary Public Shane Anderson

Notary Public Natale A. Payne

SEAL

SEAL



**Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form**

OCPO ONLY:
<input type="radio"/> Disqualification
<input type="radio"/> Check Complete

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 1518-14008	Date: 4/19/16
Total Bid or Proposal Amount:	Contract Title:
Contractor: Blue Cross Blue Shield of Illinois	Subcontractor/Supplier/ Subconsultant to be added or substitute: Consolidated Printing Company
Authorized Contact for Contractor: LaTonya Fourte-Lyles	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Marilyn Jones
Email Address (Contractor): latonya_fourte-lyles@bcbsil.com	Email Address (Subcontractor): marilyn@consolidatedprinting.net
Company Address (Contractor): 300 E Randolph	Company Address (Subcontractor): 5942 N Northwest Hwy
City, State and Zip (Contractor): Chicago, IL 60652	City, State and Zip (Subcontractor): Chicago, IL 60631
Telephone and Fax (Contractor): 312-653-8291	Telephone and Fax (Subcontractor): 773-631-2800
Estimated Start and Completion Dates (Contractor): 1/1/16 - 12/31/19	Estimated Start and Completion Dates (Subcontractor): 5/1/16 - 12/31/19

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
To provide printing for Health & Wellness documents and creatives	TBD

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

Contractor Blue Cross Blue Shield of Illinois

Name: LaTonya Fourte-Lyles

Title: Manager, Supplier Diversity

Prime Contractor Signature

Date: 4/19/16

**Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form**

<p>OCPO ONLY: <input type="radio"/> Disqualification <input type="radio"/> Check Complete</p>
--

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 1518-14008	Date: 4/19/16
Total Bid or Proposal Amount:	Contract Title:
Contractor: Blue Cross Blue Shield of Illinois	Subcontractor/Supplier/ Subconsultant to be Wedgeworth Business Communications added or substitute:
Authorized Contact for Contractor: LaTonya Fourte'-Lyles	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Pamela Wedgeworth
Email Address latonya_fourte-lyles@bcbsil.com (Contractor):	Email Address pamela@wedgeworthbiz.com (Subcontractor):
Company Address (Contractor): 300 E Randolph	Company Address (Subcontractor): 2215 Enterprise Drive
City, State and Zip (Contractor): Chicago, IL 60652	City, State and Zip (Subcontractor): Westchester, IL 60154
Telephone and Fax (Contractor): 312-653-8291	Telephone and Fax (Subcontractor): 708-223-0019
Estimated Start and Completion Dates (Contractor): 1/1/16 - 12/31/19	Estimated Start and Completion Dates (Subcontractor): 1/1/16 - 12/31/19

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
To provide printing for Health & Wellness documents and creatives	TBD

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

Contractor Blue Cross Blue Shield of Illinois

Name LaTonya Fourte'-Lyles

Title Manager, Supplier Diversity

Prime Contractor Signature

Date 4/19/16