AMENDMENT NO. 1

This Amendment modifies Contract No. 1950-18002, for Group Term Life Insurance by and between the County of Cook, Illinois, herein referred to as "County" and Metropolitan Life Insurance Company (MetLife), 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 July 30, 2020, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Group Term Life Insurance (hereinafter referred to as the Services) from October 1, 2020, through September 30, 2023, in an amount not to exceed $8,248,000.00 , with two (2) one-year renewal options; and

Whereas, the Contract will expire September 30, 2023, and the agreed upon Services are still required; and

Whereas, an increase of the Contract amount is required for the continuation of Services; and pursuant to Article 10 Section C of the Contract, the County and Contractor desire to increase the Contract in the amount of $5,777,000.00; and

Whereas, pursuant to Article 10 Section C of the Contract, the County and Contractor desire to renew the Contract for two years beginning on October 1, 2023, through September 30, 2025; and

Whereas, pursuant to Article 10 Section C of the Contract, the County and Contractor desire to revise Exhibit 3 Schedule of Compensation Exhibit 3.1 Performance Guarantee Appendix provided in the Contract; and

Whereas, pursuant to Article 10 Section C of the Contract, the County and Contractor desire to revise Exhibit 1 Scope of Services, Appendices V. Billing Services and VII. Transition Solutions provided in the Contract.

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 renewed through September 30, 2025.

2. The Contract is increased by $5,777,000.00 and the Total Contract Amount is revised to $14,025,000.00.

3. The Contract is hereby amended to add the following to Exhibit 1 Scope of Services, Services Appendix V. Billing Services:

Services Appendix V. Billing Services –

i. Upon termination of the Group Contract, Cook County will remit to MetLife all payments through the last pay period under the Services provided to Covered Members.

For Example - If the Group Contract ends on September 30th and the last

payroll period for covered members is September 15th - September 30th but not paid until the month of October, Cook County will remit the premium deductions taken from the first October payroll date to MetLife to close out the Group Contract.

4. The Contract is hereby amended to delete Exhibit 1 Scope of Services, Services Appendix VII. Transition Solutions in its entirety and is replaced as follows:

VII. Transition Solutions -

Conversion and Portability Notification Services - Consultant Transition Solutions Services include the Services listed below:

1. When a file provided by County indicates terminated coverage for a Participant, Consultant will, pursuant to the terms of the Policy, determine the extent to which conversion and portability are applicable, apply the amount(s) of coverage available to convert or port based on what County provides, and notify the Participant within the Policy's indicated time frames based on a timely receipt of file. Notification includes all information required to exercise all rights. Consultant will also pass employee data to Barnum Financial Group so that a financial professional can be assigned to reach out to the Participant to educate them on their continuation options.

If a participant attains an age that operates to terminate the extension, Consultant will, pursuant to the terms of the Policy, determine the extent to which conversion and portability are applicable, calculate the amount(s) of coverage available to convert or port, and notify the individual within the Policy's indicated time frames. Notification includes all information required to exercise all rights.

Provide access to a Consultant toll-free number for conversion and portability assistance through requesting an outreach call.

5. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, MBE/WBE Utilization Plan forms, certificate of insurance, and Economic Disclosures Statement under Attachment A are incorporated and made a part of this Contract.

6. All other terms and conditions remain as stated in the Contract.

In witness whereof and pursuant to County Board approval on September 21, 2023 the County and Contractor have caused this Amendment No. 1 to be executed on the date and year last written below.

County of Cook, Illinois

By: Raffi Sarrafian Digitally signed by Raffi Sarrafian Date: 2023.11.08 16:00:57 -06'00'

Chief Procurement Officer

Date: _____

By: Brian Tracy

State's Attorney (if applicable)

Brian Tracy

Type or print name (if applicable)

Date: 09/18/2023

Metropolitan Life Insurance Company (MetLife)

Signed

Mark Banas

Type or print name

Vice President

Title

Date: June 13, 2023

Contract #: 1950-18002

OCPO ONLY:	
[ ]	Disqualification
[X]	Check Complete

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

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.: 1950-18002	Date: August 28, 2023
*Administrative Expenses Total Bid or Proposal Amount: *$427,380	Contract Title: Group Term Life Insurance
Contractor: Metropolitan Life Insurance Company	Subcontractor/Supplier/ Subconsultant to be added or substitute: Consolidated Printing Company
Authorized Contact for Contractor: Leah McCrady, Sr. Account Executive	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Marilyn Jones
Email Address (Contractor): lmccrady@metlife.com	Email Address (Subcontractor): marilyn@consolidatedprinting.net
Company Address (Contractor): 200 Park Avenue	Company Address (Subcontractor): 1715 Elmhurst Rd.
City, State and Zip (Contractor): New York, NY 10166	City, State and Zip (Subcontractor): Elk Grove Village, IL 60007
Telephone and Fax (Contractor): 281-450-0088, Fax: 312-425-3436	Telephone and Fax (Subcontractor): 773-631-2800
Estimated Start and Completion Dates (Contractor): Contract extension	Estimated Start and Completion Dates (Subcontractor): Contract extension

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

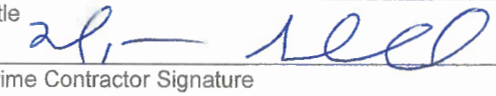
Description of Services or Supplies	Total Price of Subcontract for Services or Supplies
Print and disbtribution of collateral materials as required.	$39, 960

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.**

Metropolitan Life Insurance Company
Contractor

Marquis Smallwood
Name

Vice President
Title



Prime Contractor Signature

August 28, 2023
Date

Contract #: 1950-18002

OCPO ONLY:	
	Disqualification
X	Check Complete

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

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.: 1950-18002	Date: August 21, 2023
*Administrative expenses Total Bid or Proposal Amount: *$427,380	Contract Title: Group Term Life Insurance
Contractor: Metropolitan Life Insurance Company	Subcontractor/Supplier/ Subconsultant to be added or substitute: Leal & Associates Inc.
Authorized Contact for Contractor: Leah McCrady, Sr. Account Executive	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Esther Leal
Email Address (Contractor): lmccrady@metlife.com	Email Address (Subcontractor): eleal@lealassociates.com
Company Address (Contractor): 200 Park Avenue	Company Address (Subcontractor): 5301 Caroline Avenue
City, State and Zip (Contractor): New York, NY 10166	City, State and Zip (Subcontractor): Western Springs, IL 60558
Telephone and Fax (Contractor): 281-450-0088, Fax: 312-425-3436	Telephone and Fax (Subcontractor): 630-697-2366
Estimated Start and Completion Dates (Contractor): Contract extension	Estimated Start and Completion Dates (Subcontractor): Contract extension

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

Description of Services or Supplies	**Total Price of Subcontract for Services or Supplies**
Employee benefit communication, education as well as enrollment support including bene	$22,010

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.**

Metropolitan Life Insurance Company
Contractor

Michael McDermott
Name

Vice President
Title

Prime Contractor Signature — Date: August 21, 2023

OFFICE OF CONTRACT COMPLIANCE
NICOLE N. MANDEVILLE
DIRECTOR, CONTRACT COMPLIANCE
161 N. Clark – 23rd Floor ● Chicago, Illinois 60601 ● (312) 603-5502

TONI PRECKWINKLE
PRESIDENT
Cook County Board of Commissioners

TARA STAMPS
1st District

DENNIS DEER
2nd District

BILL LOWRY
3rd District

STANLEY MOORE
4th District

MONICA GORDON
5th District

DONNA MILLER
6th District

ALMA E. ANAYA
7th District

ANTHONY QUEZADA
8th District

MAGGIE TREVOR
9th District

BRIDGET GAINER
10th District

JOHN P. DALEY
11th District

BRIDGET DEGNEN
12th District

JOSINA MORITA
13th District

SCOTT R. BRITTON
14th District

KEVIN B. MORRISON
15th District

FRANK AGUILAR
16th District

SEAN M. MORRISON
17th District

August 30, 2023

Mr. Raffi Sarrafian
Chief Procurement Officer
161 N. Clark, Suite 2300
Chicago, IL 60601

Re: Contract No.: 1950-18002 (Amendment No. 1)
Group Term Life Insurance
Department of Risk Management

Dear Mr. Sarrafian

The Office of Contract Compliance is in receipt of the above-reference contract amendment and has reviewed it for compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance. After careful review, it has been determined this amendment is responsive to the Ordinance.

Bidder: Metropolitan Life Insurance Company
Original Contract Value: $5,817,945.00
Increased Contract Value: $5,777,000.00 (Amendment No. 1)
New Contract Value: $14,025,000.00
Contract Goal: 17.5% overall MBE/WBE

MBE/WBE Firm	Status	Certifying Agency	Admin Services	Direct Total Contract
Leal Associates, Inc.	MBE(HA)	City of Chicago	5.15% $22,010,.07	0.16%
Consolidated Printing Company, Inc.	WBE(CF)	Cook County	9.35% $39,960.00	0.28%

***Commitment percentages are based on the contract's administrative fees in the amount of $427,380.00.**

Partial MBE/WBE Granted: There are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms.

Sincerely,

Jeanetta Cardine

Jeanetta Cardine
Contract Compliance Deputy Director

JC/vl

cc: CoMakiya BaskinSmith, OCPO
Jacquelien Hrabak, Risk Management

Attachment to Petition for Full or Partial Waiver – Form 3
Schedule 1 - Good Faith Effort Transparency Report

Note: Revised to acknowledge Consolidated Printing Company and Leal & Associates

C. GOOD FAITH EFFORTS TO OBTAIN PARTICIPATION

MetLife acknowledges Cook County's commitment to equal business opportunities for diverse-owned businesses. MetLife is submitting this document to demonstrate our good faith effort in support of the 17.5% MBE/WBE participation goal while requesting a partial waiver of 3% as was requested in the original RFP submission.

MetLife is committed to the inclusion of diverse suppliers to support our contract with Cook County. In consideration of the impact of cost to the plan, Cook County and County employees we are requesting a partial waiver of 3% for a commitment of 14.5%. (MBE Goal 5.15%; WBE Goal 9.35%)

Please note the following MBE/WBEs currently subcontracted by MetLife to support the current agreement. Both suppliers will continue to participate as partners on the Cook County contract. We singled out print and enrollment support from administrative expenses as the most feasible areas to promote diverse supplier participation. See Letters of Intent and certification for each supplier included with MetLife's proposal:

Supplier Name	Service Description	Certification	Supplier Contact	Outreach Date	Result
Leal & Associates	Enrollment support; employee benefit communication	MBE City Chicago	Esther Leal eleal@lealassociates.com	6/5/23 via email	Leal will partner with MetLife at 5.15% of admin expenses
Consolidated Printing Company	Print, distribution of collateral materials	WBE Cook County	Marilyn Jones marilyn@consolidatedprinting.net	5/15/23 via email	Consolidated Printing will partner with MetLife at 9.35% of admin expenses

Background:
Diverse business participation within MetLife's supply chain is a major focus of our *Supplier Inclusion and Development* (SID) business strategy. We continually seek opportunities to engage with certified suppliers qualified as MBE, WBE, LGBT, DVBE, DOBE and Small Business classifications recognized by the federal government. Copies of the MetLife Supplier Inclusion and Development Program Statement as well as our Mission and Vision Statements are available upon request.

MetLife's commitment to working with diverse business enterprises is fueled by the realization that we can benefit from the innovation and creativity of diverse business partners in many of the same ways that we benefit from the diversity of our own workforce. The program strives to introduce partnerships and sustain relationships with diverse business partners promoting their long-term economic growth.

Our commitment to building relationships with diverse business partners has driven growth since the program's inception in 2003.

- In 2022, MetLife's annual spend with diverse business partners was 10.4% of total addressable spend.
- MetLife engaged with more than 200 diverse business partners in 2022.
- Over the program's history, MetLife partnered with diverse businesses to achieve over $3.7 billion in spend.

Supporting Supplier Diversity Advocacy Organizations as Corporate Members:

MetLife is a corporate member of the following national advocacy organizations for diverse businesses to educate, advocate and promote business with diverse suppliers.

- National Minority Supplier Diversity Council (NMSDC)
- Women's Business Enterprise National Council (WBENC)
- National Veteran Business Development Council (NVBDC)
- Disability: IN
- National LGBT Chamber of Commerce (NGLCC)

Supplier Inclusion Leadership:

MetLife's Supplier Inclusion and Development Program drives the growth of diverse businesses. We are committed to face-to-face, ground-level involvement that fosters a direct connection with diverse suppliers supported by our membership in national advocacy organizations including WBENC, NMSDC, NGLCC, Disability: IN, and NVBDC. To drive that commitment, MetLife is involved in the following:

- Exhibiting at national and regional business opportunity fairs (virtually since 2020) to cultivate relationships with diverse businesses and understand how their value proposition can benefit MetLife.
- Benchmarking supplier diversity best practices and leverage referral opportunities with world class organizations as members of insurance/ financial services industry groups.
- Providing annual scholarships (since 2007) for diverse business owners to attend executive education programs at major universities designed to broaden their capabilities that can lead to high-performing businesses.
- Designing and delivering workshops and seminars for diverse business owners to benefit from our position and industry knowledge as the leader in insurance and financial services, such as:
- Partnering with MetLife National Accounts in private and public sector markets to strengthen our supplier diversity leadership position.

Supplier Inclusion and Development Direction:

MetLife's goal is to grow partnerships with diverse businesses to represent an increasing percentage of the company's overall addressable spend. MetLife Global Procurement and Supplier Inclusion and Development have identified the following activities as essential to meet our goals to engage with diverse business partners:

- Identify commodity areas of procurable spend that Global Procurement can impact.
- Support sourcing leaders to facilitate the inclusion of diverse vendors in RFPs.
- Provide supplier diversity data to MetLife proposal teams in support RFP requirements for private and public sector markets.
- Implement regular data enrichment to ensure accurate coding of diverse vendors as they are added to the supply chain.
- Drive supplier registration through the MetLife's diverse supplier portal.

Enterprise Awards and Recognition:

Throughout our 150+ year history, we have aimed to make MetLife a great place to work and interact for customers, employees, and communities around the world. Understanding different regions and cultures also allows us to better customize our products and services. These efforts have been recognized by a broad range of external associations and the media for customer satisfaction, environmental sustainability, human rights, women's rights and our work to help our returning Veterans pursue more from life.

Link out for the latest about MetLife recognition:
https://www.metlife.com/corporate-responsibility/overview/awards-and-recognition/

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: Leal & Associates, Inc.

Address: 5301 Caroline Ave., Western Springs, IL 60558

E-mail: esther@lealassociates.com

Contact Person: Esther Leal Phone: 630-697-2366

Dollar Amount Participation: $22,010

Percent Amount of Participation: 5.15% of administrative expenses. %

*Letter of Intent attached? Yes X No _____
*Current Letter of Certification attached? Yes X No _____

MBE/WBE Firm: Consolidated Printing Company

Address: 1715 Elmhurst Rd. Elk Grove Village, IL 60007

E-mail: marilyn@consolidatedprinting.net

Contact Person: Marilyn Jones Phone: 773-631-2800

Dollar Amount Participation: $39,960

Percent Amount of Participation: 9.35% of administrative expenses. %

*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 LETTER OF INTENT - FORM 2

M/WBE Firm: Leal & Associates, Inc.

Contact Person: Esther Leal

Address: 5301 Caroline Ave

City/State: Western Springs, IL Zip: 60558

Phone: 630-697-2366 Fax: _____

Email: esther@lealassociates.com

Participation: ☑ Direct ☐ Indirect

Certifying Agency: City of Chicago

Certification Expiration Date: 7/15/2024

Ethnicity: Hispanic

Bid/Proposal/Contract #: 1950-18002

FEIN #: 20-1998936

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)*

Employee benefit communication and education as well as enrollment.
support including benefit fairs as may be required.

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

5.15% of administrative expenses = $22,010

Standard payment terms will apply.

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.

Signature (*M/WBE*)

Esther Leal
Print Name

Leal & Associates, Inc.
Firm Name

August 16, 2023
Date

Subscribed and sworn before me

this 16 day of August, 2023.

Notary Public _____

SEAL

OFFICIAL SEAL
STEPHANIE BERKNER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 01/09/202

Signature (*Prime Bidder/Proposer*)

Michael McDermott
Print Name

Metropolitan Life Insurance Company
Firm Name

August 21, 2023
Date

Subscribed and sworn before me

this 21st day of August, 2023.

Notary Public Susan Brewton

SEAL

Susan Brewton
Notary Public
Fulton County, Georgia
My Commission Expires April 12, 2026

Revised: 1/29/14

DEPARTMENT OF PROCUREMENT SERVICES

CITY OF CHICAGO

AUG 13 2019

Esther Leal
Leal & Associates, Inc. d/b/a Paragon-hrc
57 E Delaware Place, #3103
Chicago, IL 60611

Dear Ms. Leal:

We are pleased to inform you that **Leal & Associates, Inc. d/b/a Paragon-hrc** has been recertified as a **Minority-Owned Business Enterprise ("MBE")** and **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This **MBE/WBE** certification is valid until **07/15/2024**; however, your firm's certification must be revalidated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 days** before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification during the five year period stated above, you must file an **annual No-Change Affidavit**. Your firm's annual No-Change Affidavit is due by **07/15/2020, 07/15/2021, 07/15/2022 and 07/15/2023.** Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the date of expiration. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

Your firm's five year certification will expire on **07/15/2024**. You have an affirmative duty to file for recertification **60 days** prior to the date of the five year anniversary date. Therefore, you must file for recertification by **05/15/2024.**

It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification **within 10 days** of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as an **MBE/WBE** File your annual No-Change Affidavit within the required time period;

- Provide financial or other records requested pursuant to an audit within the required time period;
- Notify the City of any changes affecting your firm's certification **within 10 days** of such change; or
- File your recertification within the required time period.

Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the **City's Inspector General at chicagoinspectorgeneral.org, or 866-IG-TIPLINE (866-448-4754).**

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than $5,000 and not more than $10,000 or both.

Your firm's name will be listed in the City's Directory of Certified Firms in the specialty area(s) of:

NAICS Code(s):
524210 - Insurance Agencies and Brokerages

Your firm's participation on City contracts will be credited only toward **MBE/WBE** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority and Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Programs.

Sincerely,

Shannon E. Andrews
Chief Procurement Officer

SEA/rn

MBE/WBE LETTER OF INTENT-FORM 2

M/WBE Firm: Consolidated Printing Company
Certifying Agency: Cook County
Contact Person: Marilyn Jones
Certification Expiration Date: 02/09/2024
Address: 1715 Elmhurst Rd.
Ethnicity: Caucasian
City/State: Elk Grove Village Zip: 60007
Bid/Proposal/Contract #: 1950-18002
Phone: 773-631-2800 Fax: 773-631-2822
FEIN#: 36-3509441
Email: marilyn@consolidatedprinting.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)*

Print and distribution of collateral material as required.

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

9.35% of administrative expenses equivalent to $39,960. Standard payment terms apply.

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 the Description of Service/ Supply and Fee/Cost were completed.

Marilyn K Jones
Signature (M/WBE)

Signature (Prime Bidder/Proposer)

Marilyn Jones
Print Name

Consolidated Printing Company
Firm Name

08/22/2023
Date

Subscribed and sworn before me
this 22 day of August, 2023.
Notary Public

OFFICIAL SEAL
SHANE ANDERSON
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:1/14/23

Marquis Smallwood, Vice President
Print Name

Metropolitan Life Insurance Company
Firm Name

August28,2023
Date

Subscribed and sworn before me
this 28th day of August, 2023.
Notary Public

SEAL

PLEASE SEE ATTACHED

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

Co unt y of ORANGE

Subscribed and sworn to (or affirmed) before me on this 28th day of August, 2023, by
Date *Month* *Year*

(1) MARQUIS SMALLWOOD

(and (2) _____),
Name(s) of Signer(s)



Place Notary Seal and/or Stamp Above

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to on unintended document.

Description of Attached Document

Title or Typ e of Dcme nt: LETTER OF INTENT

DocumentDate: August 28th, 2023 NumberofPages: ONE

Signer(s) Other Than NamedAbove: NO OTHER SIGNERS

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Cook County
Office of the Chief Procurement Officer

Economic Disclosure Statement Recertification Affidavit

Applicant/Holder Name: Metropolitan Life Insurance Company | Contract #: 1950-18002

Address: 200 Park Avenue | City: New York

County: New York | State: NY | Zip: 10166

Phone: 281-450-0088* | Email: lmccrady@metlife.com*

*Leah McCrady, Account Executive

Instructions

If the Applicant is a corporation, the President must execute this affidavit. If executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization, satisfactory to the County that permits the person to execute this affidavit for the corporation.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute this affidavit, unless one partner or joint venturer has been authorized to sign.

If the Applicant is a member-managed LLC all members must execute this affidavit, unless otherwise provided in the operating agreement, resolution or other corporate documents.

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

This recertification is being submitted in connection with

Contract Name: Professional Services Agreement - Group Term Life Insurance Between Cook County Government - Cook County Department of Risk Management And Metropolitan Life Insurance Company (MetLife)

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this Economic Disclosure Statement ("EDS") recertification on behalf of the Applicant/Holder, (2) warrants that all certifications and statements contained in the Applicant/Holder's last submitted EDS dated December 17, 2019 are true, accurate and complete as of the date furnished to the County and continue to be true, accurate and complete as of the date of this recertification, and (3) reaffirms its acknowledgments.

Recertification of:

☑ Certifications (SECTION 2), if applicable, as updated on: December 17, 2019

☑ Economic and Other Disclosures (SECTION 3), if applicable, as updated on: December 17, 2019

☑ Cook County Child Support Affidavit (Please submit any additional Child Support Obligations as an attachment to this form), if applicable, as updated on: December 17, 2019

☑ Cook County Disclosure of Ownership Interest Statement, if applicable, as updated on: December 17, 2019

☑ Cook County Board of Ethics Familial Relationship Disclosure Form, if applicable, as updated on: June 16, 2023

☑ Cook County Affidavit for Wage Theft Ordinance (SECTION 4), if applicable, as updated on: June 16, 2023

If your recertification of any of the above is related to information contained in an updated form submitted after the last submitted full EDS, please indicate the date such information was updated.

IMPORTANT: If you are unable to re-certify any section(s) of your previous EDS, please submit a truthful, fully updated version of that section(s) of the EDS including separate signatures where required.

By: Metropolitan Life Insurance Company Date: June 13, 2023

(Print or type legal name of Applicant/Holder)

President or authorized signatory (Signature)

Print or type name of President or authorized signatory:

Mark Banas

Title of signatory:

Vice President

Subscribed and sworn to before me on this 13th day of June, 2023

Notary Public Signature: Seal:

Official Seal
Dichele L Wilzbach
Notary Public State of Illinois
My Commission Expires 11/3/2026

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:

☐ Parent	☐ Grandparent	☐ Stepfather
☐ Child	☐ Grandchild	☐ Stepmother
☐ Brother	☐ Father-in-law	☐ Stepson
☐ Sister	☐ Mother-in-law	☐ Stepdaughter
☐ Aunt	☐ Son-in-law	☐ Stepbrother
☐ Uncle	☐ Daughter-in-law	☐ Stepsister
☐ Niece	☐ Brother-in-law	☐ Half-brother
☐ Nephew	☐ Sister-in-law	☐ 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: Metropolitan Life Insurance Company

Address of Person Doing Business with the County: 200 Park Avenue, New York, NY 10166

Phone number of Person Doing Business with the County: 281-450-0088*

Email address of Person Doing Business with the County: lmccrady@metlife.com*

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:
*Leah McCrady, Account Executive, 251-450-0088, lmccrady@metlife.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 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: 1950-18002 A1

The aggregate dollar value of the business you are doing or seeking to do with the County: $ 14,025,000.00

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: CoMakiya Baskin-Smith, Sr. Contract Negotiator 312-603-6707

comakiya.baskinsmith@cookcountyil.gov

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 Zalas, Director, Department of Risk Management

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.

Signature of Recipient Mark Banas, Vice President

June 13, 2023
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. **County reserves the right to request additional information to verify veracity of information contained in this Affidavit.**

I. Contract Information:

Contract Number: 1950-18002

County Using Agency (requesting Procurement): Department of Risk Management

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): Metropolitan Life Insurance Company

Substantial Owner Complete Name: MetLife, Inc.

FEIN# 13-5581829

Date of Birth: N/A E-mail address: lmccrady@metlife.com*

Street Address: 200 Park Avenue

City: New York State: NY Zip: 10166

Home Phone: (281-) 450 - 0088* *Leah McCrady, Account Executive

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:

No	*Illinois Wage Payment and Collection Act, 820 ILCS 115/1 et seq.,* ***YES or NO***
No	*Illinois Minimum Wage Act, 820 ILCS 105/1 et seq.,* ***YES or NO***
No	*Illinois Worker Adjustment and Retraining Notification Act, 820 ILCS 65/1 et seq.,* ***YES or NO***
No	*Employee Classification Act, 820 ILCS 185/1 et seq.,* **YES or NO**
No	*Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq.,* ***YES or NO***
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 of waiver is made on the basis of one or more of the following actions that have taken place:

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

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

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

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: _____ Date: June 13, 2023

Name of Person signing (Print): Mark Banas Title: Vice President

Subscribed and sworn to before me this 13th day of June, 2023

X _____

Notary Public Signature

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

Notary Seal
Official Seal
Dichele L Wilzbach
Notary Public State of Illinois
My Commission Expires 11/3/2026