

### AMENDMENT NO. 3

This Amendment modifies Contract No. 1518-14008, 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, 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 October 28, 2015, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Employer Sponsored Health Insurance Benefits (hereinafter referred to as the "Services") from December 1, 2015 through November 30, 2018, in an amount not to exceed \$884,195,500.00, with two (2), one-year renewal options; and

Whereas, Amendment No. 1 was executed by the Chief Procurement Officer on May 17, 2016, to correct an omission to the Health Plan Design; and

Whereas, Amendment No. 2 was authorized by the County Board on September 12, 2018, to renew the Contract for twelve (12) months beginning on December 1, 2018 through November 30, 2019, and an increase in the amount of \$286,000,000.00 and the Total Contract Amount was revised to \$1,170,195,500.00; and

Whereas, the Contract will expire November 30, 2019 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 \$298,870,000.00; and

Whereas, pursuant to Article 4 Section C of the Contract, the County and Contractor desire to renew the Contract for twelve (12) months beginning on December 1, 2019 through November 30, 2020.

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

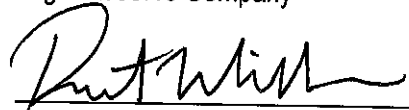
1. The Contract is renewed through November 30, 2020.
2. The Contract is increased by \$298,870,000.00 and the Total Contract Amount is revised to \$1,469,065,500.00.
3. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, MBE/WBE Utilization Plan forms, Certificate of Insurance, and Economic Disclosures Statement under Attachment A are incorporated and made a part of this Contract.
4. All other terms and conditions remain as stated in the Contract.

In witness whereof and pursuant to County Board approval on October 24, 2019 the County and Contractor have caused this Amendment No. 3 to be executed on the date and year last written below.

County of Cook, Illinois

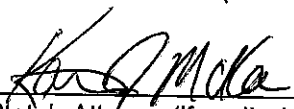
Blue Cross and Blue Shield of Illinois, A Division  
of Health Care Service Corporation, A Mutual  
Legal Reserve Company

By:   
Chief Procurement Officer

  
Signed

Date: 10.31.19

Robert Miller  
Type or print name

By:   
State's Attorney (if applicable)

Vice President, Municipal Accounts  
Title

Kathleen J. McKee  
Type or print name (if applicable)

Date: 9/19/19

Date: June 26, 2019

**CERTIFICATE OF THE ASSISTANT SECRETARY OF  
HEALTH CARE SERVICE CORPORATION,  
A MUTUAL LEGAL RESERVE COMPANY**

**DELEGATION OF AUTHORITY**

This certificate is delivered as of June 25, 2019 to the County of Cook, Illinois, ("Cook County") in connection with the Cook County Economic Disclosure Statement and Execution Document and Amendment #3 to the Contract No. 1518-14008, for Employer Sponsored Health Insurance Benefits, by and between the Cook County and Health Care Service Corporation, a Mutual Legal Reserve Company, through its Blue Cross and Blue Shield of Illinois division (the "Corporation").

The undersigned does hereby certify that:

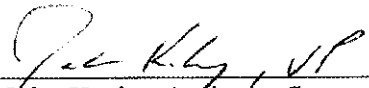
1. He is the duly elected, appointed, qualified and acting Assistant Secretary of the Corporation, a corporation duly organized and existing and in good standing under the laws of the State of Illinois, and that as such officer he is familiar with the Corporation's affairs, and records.

2. That Robert N. Miller is on the date hereof the duly elected, appointed, and qualified Vice President Sales, Municipal Accounts of the Corporation, an authorized officer of the Corporation.

3. That Mr. Miller, acting as an authorized officer of the Corporation, pursuant to its Articles of Incorporation and By-Laws, has the authority to execute the above Economic Disclosure form(s) and Amendment #3 on behalf of the Corporation.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand as of the date set forth above.

Health Care Service Corporation, a Mutual  
Legal Reserve Company

By:   
John Kosky, Assistant Secretary

Contract No. 1518-14008 Amendment No. 3  
Vendor Name: BLUE CROSS AND BLUE SHIELD OF ILLINOIS,  
A DIVISION OF HEALTH CARE SERVICE CORPORATION,  
A MUTUAL LEGAL RESERVE COMPANY

## ATTACHMENT A

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

<b>OCPO ONLY:</b>	
<input type="radio"/> Disqualification	
<input checked="" 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.: <b>1518-14008</b>	Date: <b>7/9/19</b>
Total Bid or Proposal Amount: <b>\$7,800,646.00</b>	Contract Title: <b>Employer Sponsored Health Insurance Benefits</b>
Contractor: <b>Health Care Service Corporation, a Mutual Legal Reserve Company</b>	Subcontractor/Supplier/ Subconsultant to be added or substitute: <b>My Wellness Community</b>
Authorized Contact for Contractor: <b>LaTonya Fourte-Lyles</b>	Authorized Contact for Subcontractor/Supplier/ Subconsultant: <b>Charles Smith</b>
Email Address (Contractor): <b>latonya_fourte-lyles@bcbsil.com</b>	Email Address (Subcontractor): <b>csmith@mywellnesscommunity.com</b>
Company Address (Contractor): <b>300 East Randolph Street</b>	Company Address (Subcontractor): <b>542 S. Dearborn Street 8th Floor</b>
City, State and Zip (Contractor): <b>Chicago, IL 60601-5099</b>	City, State and Zip (Subcontractor): <b>Chicago, IL 60605</b>
Telephone and Fax (Contractor): <b>312-653-8291 / 312-228-7841</b>	Telephone and Fax (Subcontractor): <b>(312) 724-8358, (312) 566-0965</b>
Estimated Start and Completion Dates (Contractor): <b>12/1/2019 - 11/30/2020</b>	Estimated Start and Completion Dates (Subcontractor): <b>12/1/2019 - 11/30/2020</b>

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>
Provide Health and Wellness Program promotion, which includes Tobacco Cessation, Health Coaching, and Preventative Wellness	<b>\$70,206</b>

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  
Health Care Service Corporation, a Mutual Legal Reserve Company

Name: LaTonya Fourte-Lyles, Sr Manager Supplier Diversity

Title: [Signature]

Prime Contractor Signature: \_\_\_\_\_ Date: 6/27/2019

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

OCPO ONLY: <input type="checkbox"/> Disqualification <input checked="" type="checkbox"/> 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: 7/9/19
Total Bid or Proposal Amount: \$7,800,646.00	Contract Title: Employer Sponsored Health Insurance Benefits
Contractor: Health Care Service Corporation, a Mutual Legal Reserve Company	Subcontractor/Supplier/ Subconsultant to be added or substitute: Montenegro Paper Ltd
Authorized Contact for Contractor: LaTonya Fourte-Lyles	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Irma Bates
Email Address (Contractor): latonya_fourte-lyles@bcbsil.com	Email Address (Subcontractor): Irma.Bates@montenegropaper.com
Company Address (Contractor): 300 East Randolph	Company Address (Subcontractor): 400 West Lake Street, Suite 214
City, State and Zip (Contractor): Chicago, IL 60601-5099	City, State and Zip (Subcontractor): Roselle, IL 60172
Telephone and Fax (Contractor): 312-653-8291 / 312-228-7841	Telephone and Fax (Subcontractor): 630-894-0350 / 630-894-0095
Estimated Start and Completion Dates (Contractor): 12/1/2019-11/30/2020	Estimated Start and Completion Dates (Subcontractor): 12/1/2019-11/30/2020


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
Commercial printing paper, envelopes and packing materials	\$7,021

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:  
 Health Care Service Corporation, a Mutual Legal Reserve Company

Name: LaTonya Fourn Lyles, Sr Manager, Supplier Diversity



Prime Contractor Signature

Date: 8/7/2019

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

<b>OCPO ONLY:</b>
<input type="checkbox"/> Disqualification
<input checked="" type="checkbox"/> Check Complete

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Total Bid or Proposal Amount: <b>\$7,800,646.00</b>	Contract Title: <b>Employer Sponsored Health Insurance Benefits</b>
Contractor: <b>Health Care Service Corporation, a Mutual Legal Reserve Company</b>	Subcontractor/Supplier/ Subconsultant to be added or substitute: <b>MOTR GRAFX, LLC</b>
Authorized Contact for Contractor: <b>LaTonya Fourte-Lyles</b>	Authorized Contact for Subcontractor/Supplier/ Subconsultant: <b>Lissette Herin</b>
Email Address (Contractor): <b>latonya_fourte-lyles@bcbsil.com</b>	Email Address (Subcontractor): <b>lherin@motrgx.com</b>
Company Address (Contractor): <b>300 East Randolph</b>	Company Address (Subcontractor): <b>7430 North Lehigh Ave.</b>
City, State and Zip (Contractor): <b>Chicago, IL 60601-5099</b>	City, State and Zip (Subcontractor): <b>Niles, IL 60714-4024</b>
Telephone and Fax (Contractor): <b>312-653-8291 / 312-228-7841</b>	Telephone and Fax (Subcontractor): <b>847-600-5656 Ext. 279 - 847-655-6130</b>
Estimated Start and Completion Dates (Contractor): <b>12/1/2019-11/30/2020</b>	Estimated Start and Completion Dates (Subcontractor): <b>12/1/2019-11/30/2020</b>

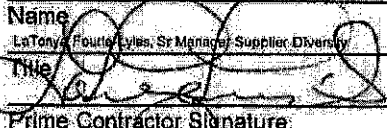
Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
<b>Commercial Printing</b>	<b>\$27,302</b>

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  
 Health Care Service Corporation, a Mutual Legal Reserve Company

Name: LaTonya Fourte-Lyles, Sr Manager Supplier Diversity

Title: 

Prime Contractor Signature: \_\_\_\_\_ Date: 8/27/2019

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

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

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Total Bid or Proposal Amount: <b>\$7,800,646.00</b>	Contract Title: <b>Employer Sponsored Health Insurance Benefits</b>
Contractor: <b>Health Care Service Corporation, a Mutual Legal Reserve Company</b>	Subcontractor/Supplier/ Subconsultant to be added or substitute: <b>Wedgeworth Business Commu</b>
Authorized Contact for Contractor: <b>LaTonya Fourte-Lyles</b>	Authorized Contact for Subcontractor/Supplier/ Subconsultant: <b>Pamela Wedgeworth</b>
Email Address (Contractor): <b>latonya_fourte-lyles@bcbsil.com</b>	Email Address (Subcontractor): <b>pamela@wedgeworthbiz.com</b>
Company Address (Contractor): <b>300 East Randolph</b>	Company Address (Subcontractor): <b>825 Dunlop Ave</b>
City, State and Zip (Contractor): <b>Chicago, IL 60601-5099</b>	City, State and Zip (Subcontractor): <b>Forest Park/Illinois, 60130</b>
Telephone and Fax (Contractor): <b>312-653-8291 / 312-228-7841</b>	Telephone and Fax (Subcontractor): <b>708-223-0019</b>
Estimated Start and Completion Dates (Contractor): <b>12/1/2019-11/30/2020</b>	Estimated Start and Completion Dates (Subcontractor): <b>12/1/2019-11/30/2020</b>

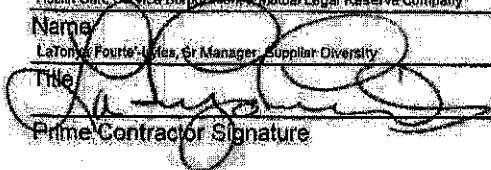
Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
<b>Consulting/Professional Services and Graphic Design Services</b>	<b>\$202,817</b>

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:  
Health Care Service Corporation, a Mutual Legal Reserve Company

Name: LaTonya Fourte-Lyles, Sr Manager, Supplier Diversity

Title: 

Prime Contractor Signature: \_\_\_\_\_ Date: 6/27/2019



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

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

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Total Bid or Proposal Amount: \$7,800,646.00	Contract Title: Employer Sponsored Health Insurance Benefits
Contractor: Health Care Service Corporation, a Mutual Legal Reserve Company	Subcontractor/Supplier/ Subconsultant to be added or substitute: EGS, Inc. dba Executive Gift S
Authorized Contact for Contractor: LaTonya Fourte-Lyles	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Diane Dugo
Email Address (Contractor): latonya_fourte-lyles@bcbsil.com	Email Address (Subcontractor): dee@exgs.com
Company Address (Contractor): 300 East Randolph Street	Company Address (Subcontractor): P.O. Box 3492
City, State and Zip (Contractor): Chicago, IL 60601-5099	City, State and Zip (Subcontractor): Oakbrook, IL 60522-3492
Telephone and Fax (Contractor): 312-653-8291 / 312-228-7841	Telephone and Fax (Subcontractor): 630-455-4145/630-455-4146
Estimated Start and Completion Dates (Contractor): 12/1/2019 - 11/30/2020	Estimated Start and Completion Dates (Subcontractor): 12/1/2019 - 11/30/2020

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>
Branded Promotional Items	\$780

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

Health Care Service Corporation, a Mutual Legal Reserve Company

Name LaTonya Fourte-Lyles

Title [Signature]

Prime Contractor Signature

7/9/19

Date

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

OCPO ONLY <input type="checkbox"/> Disqualification <input checked="" type="checkbox"/> Check Complete
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Total Bid or Proposal Amount: \$7,800,646.00	Contract Title: Employer Sponsored Health Insurance Benefits
Contractor: Health Care Service Corporation, a Mutual Legal Reserve Company	Subcontractor/Supplier/ Subconsultant to be added or substitute: VIVA USA, Inc.
Authorized Contact for Contractor: LaTonya Fourte-Lyles	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Vasanthi Ilangoan
Email Address (Contractor): latonya_fourte-lyles@bcbsil.com	Email Address (Subcontractor): vilangoan@viva-it.com
Company Address (Contractor): 300 East Randolph Street	Company Address (Subcontractor): 3601 Algonquin Road Suite 425
City, State and Zip (Contractor): Chicago, IL 60601-5099	City, State and Zip (Subcontractor): Rolling Meadows, IL 60008
Telephone and Fax (Contractor): 312-653-8291 / 312-228-7841	Telephone and Fax (Subcontractor): (847) 368-0860, (847) 368-0864
Estimated Start and Completion Dates (Contractor): 12/1/2019 - 11/30/2020	Estimated Start and Completion Dates (Subcontractor): 12/1/2019 - 11/30/2020

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
Computer systems design consulting services	\$1,212,220

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  
 Health Care Service Corporation, a Mutual Legal Reserve Company

Name: LaTonya Fourte-Lyles, Sr. Manager Supplier Diversity

Title: [Signature]

Prime Contractor Signature: \_\_\_\_\_ Date: 6/27/2019

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

OCPO ONLY: <input type="checkbox"/> Disqualification <input checked="" type="checkbox"/> Check Complete
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Total Bid or Proposal Amount: <b>\$7,800,646.00</b>	Contract Title: <b>Employer Sponsored Health Insurance Benefits</b>
Contractor: <b>Health Care Service Corporation, a Mutual Legal Reserve Company</b>	Subcontractor/Supplier/ Subconsultant to be added or substitute: <b>Innovative System Group, Inc</b>
Authorized Contact for Contractor: <b>LaTonya Fourte-Lyles</b>	Authorized Contact for Subcontractor/Supplier/ Subconsultant: <b>Gerry Schoanneman</b>
Email Address (Contractor): <b>latonya_fourte-lyles@bcbsil.com</b>	Email Address (Subcontractor): <b>GerryS@innovativesys.com</b>
Company Address (Contractor): <b>300 East Randolph Street</b>	Company Address (Subcontractor): <b>799 Roosevelt Road, Bldg 4-109</b>
City, State and Zip (Contractor): <b>Chicago, IL 60601-5099</b>	City, State and Zip (Subcontractor): <b>Glen Ellyn, IL 60137</b>
Telephone and Fax (Contractor): <b>312-653-8291 / 312-228-7841</b>	Telephone and Fax (Subcontractor): <b>630-858-8500 / 630-858-8532</b>
Estimated Start and Completion Dates (Contractor): <b>12/1/2019 - 11/30/2020</b>	Estimated Start and Completion Dates (Subcontractor): <b>12/1/2019 - 11/30/2020</b>

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
Provide information technology resources as needed on a temporary basis	<b>\$1,210,660</b>

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**

Health Care Service Corporation, a Mutual Legal Reserve Company

Name

LaTonya Fourte-Lyles, Sr. Manager, Supplier Diversity

Title

Prime Contractor Signature

6/27/2019

Date



OFFICE OF CONTRACT COMPLIANCE

**EDWARD H. OLIVIERI**

DIRECTOR

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

**TONI PRECKWINKLÉ**

PRESIDENT

Cook County Board  
of Commissioners

BRANDON JOHNSON

1st District

DENNIS DEER

2nd District

BILL LOWRY

3rd District

STANLEY MOORE

4th District

DEBORAH SIMS

5th District

DONNA MILLER

6th District

ALMA E. ANYA

7th District

LUIS ARROYO, JR

8th District

PETER N. SILVESTRI

9th District

BRIDGET GAINER

10th District

JOHN P. DALEY

11th District

BRIDGET DEGNEN.

12th District

LARRY SUFFREDIN

13th District

SCOTT R. BRITTON

14th District

KEVIN B. MORRISON

15th District

JEFFREY R. TOBOLSKI

16th District

SEAN M. MORRISON

17th District

July 30, 2019

Mr. Raffi Sarrafian  
Chief Procurement Officer  
County Building-Room 1018  
Chicago, IL 60602

Re: Contract No. 1518-14008 (Amendment No. 3)  
Employer-Sponsored Health Insurance Benefits  
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: Blue Cross & Blue Shield of Illinois  
Original Contract Value: \$884,195,500.00  
Increased Contract Value: \$286,000,000.00 (Amendment No. 2)  
New Contract Value: \$1,170,195,500.00  
Contract Extension: 12 months  
New Contract Term: December 1, 2018 through November 30, 2019  
Increased Contract Value: \$298,000,000.00 (Amendment No. 3)  
New Contract Value: \$1,469,065,500.00  
Contract Extension: 12 months  
New Contract Term: December 1, 2019 through November 30, 2020  
Contract Goal: 35% overall MBE/WBE

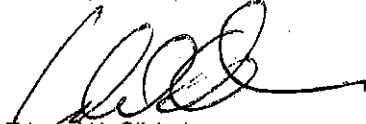
<u>MBE/WBE</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment (Direct)*</u>	<u>Commitment (Indirect)*</u>
My Wellness Community, dba My Health Method	MBE (6)	City of Chicago	.2%	
Montenegro Paper Company	MBE (9)	Cook County	.01%	
MOTR GRAFX, LLC	MBE (9)	City of Chicago	.08%	
Wedgeworth Communication	MBE (6)	City of Chicago	.6%	
EGS, Inc, dba Executive Gift Selection	WBE (7)	Cook County	.01%	
VIVA USA, Inc.	MBE (8)	City of Chicago		3.58%
Innovative System Group, Inc.	WBE (7)	Cook County		3.58%
		<b>Total</b>	<b>.9%</b>	<b>7.16%</b>

\*Commitment percentages are based on the revised Administrative Services fees amount of \$33,800,600.77

**Partial M/WBE Waiver Granted:** Due to the specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to utilize MBEs and/or WBEs in accordance with the applicable participation.

Revised MBE/WBE forms were used in the determination of the responsiveness of this contract.

Sincerely,



Edward H. Olivieri  
Contract Compliance Director  
EHO/ae

cc: Angela Sanchez, OCPO  
Jacqueline Hrabak, Department of Risk Management  
Enclosure: Revised MBE/WBE



LaTonya Fourte'-Lyles  
Sr. Manager, Supplier Diversity  
300 E Randolph Street  
Chicago, IL 60601  
July 25, 2019

Office of Contract Compliance

Cook County  
118 North Clark Street  
Room 1020  
Chicago, IL 60602

Dear Althea Easley, MCA:

This letter is to address the current contract that BlueCross BlueShield 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 to provide an explanation for the partial direct participation of MWBE subcontractors.

#### **Good Faith Effort**

In our initial September 2015 proposal to the RFP, BCBSIL proposed to use MWBE subcontractors on an indirect basis. BCBSIL was awarded the contract and during the negotiation phase Cook County encouraged BCBSIL to include MWBE subcontractors on a direct basis for a portion of the contract. As a result, BCBSIL made the necessary changes to bring in additional MWBE suppliers on a direct basis. Including going through a process of finding, evaluating, and selecting suppliers to implement a Wellness Program for the Cook County Employees.

We selected suppliers by searching in the Cook County and City of Chicago databases. We sent out emails inquiring about interest with an opportunity with our organization. Upon determining those who were interested we held capability presentations and selected suppliers and contracted accordingly.

#### **Renewal**

The diverse suppliers that we selected provided a value add to the Cook County Contract by having an annual communication plan of health and wellness which supplements open enrollment and health fair activity. Our diverse suppliers provide biometric screenings, healthy eating demonstrations, and interactive wellness solutions. In June of 2019, Cook County requested a renewal with an updated subcontracting plan. We utilized the same plan that we have throughout the duration of our contract. The renewal utilization plan included 3.94% direct and 31.06% indirect.

Subsequently Cook County has notified BCBSIL that we will now only receive credit for MWBE direct participation on Cook County for the Employer-Sponsored Health Insurance Benefits renewal, which would result in BCBSIL not meeting the 35% MWBE participation goal. As a result, BCBSIL is requesting a waiver and completed the Petition for Reduction/Waiver of MBE/WBE Participation – Form 3.



BCBSIL strives to ensure that we have a diverse supply chain, while effectively meeting the need of our members. Our mission is to maximize procurement opportunities for minority-owned, women-owned and other diverse companies by proactively seeking qualified and competitive suppliers, to partner in creating cost effective and efficient business solutions.

Thanks,

*LaTonya Fourte'-Lyles*

LaTonya Fourte'-Lyles  
Sr. Manager, Supplier Diversity Program  
BlueCross BlueShield of Illinois

**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](http://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: Innovative Systems Group, Inc.  
 Address: 799 Roosevelt Road Building 4-suite 109, Glen Ellyn/Illinois, 60137-5908  
 E-mail: GerryS@innovativesys.com  
 Contact Person: Gerry Schoenneman Phone: 630-858-8500  
 Dollar Amount Participation: \$ 1,210,660  
 Percent Amount of Participation: 15.52 %

\*Letter of Intent attached? Yes  No   
 \*Current Letter of Certification attached? Yes  No

MBE/WBE Firm: VIVA USA, Inc.  
 Address: 3601 ALGONQUIN RD STE 425, Rolling Meadows/Illinois, 60008-3182  
 E-mail: vilangovan@viva-it.com  
 Contact Person: Ms. Vasanthi Ilangovan Phone: 847-368-0860 Ext. 222  
 Dollar Amount Participation: \$ 1,212,220  
 Percent Amount of Participation: 15.54 %

\*Letter of Intent attached? Yes  No   
 \*Current Letter of Certification attached? Yes  No

*Attach additional sheets as needed.*

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



**MBE/WBE 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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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](http://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.

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

MBE/WBE Firm: Wedgeworth Business Communications, DBA Wedgeworth Communications

Address: 825 Dunlop Ave, Forest Park/Illinois, 60130

E-mail: pamela@wedgeworthbiz.com

Contact Person: Pamela Wedgeworth Phone: 708-223-0019

Dollar Amount Participation: \$ 202,817

Percent Amount of Participation: 2.60 %

\*Letter of Intent attached? Yes  No   
 \*Current Letter of Certification attached? Yes  No

MBE/WBE Firm: My Wellness Community Inc., DBA My Health Method

Address: 150 N. Michigan Avenue ste 2400, Chicago/Illinois, 60601

E-mail: csmith@myhealthmethod.com

Contact Person: Charles Smith Phone: 312-705-1100 Ext. 226

Dollar Amount Participation: \$ 70,206

Percent Amount of Participation: .90 %

\*Letter of Intent attached? Yes  No   
 \*Current Letter of Certification attached? Yes  No

*Attach additional sheets as needed.*

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

**MBE/WBE 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)**

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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).

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

MBE/WBE Firm: Montenegro Paper Ltd., DBA Montenegro, INC

Address: 25 E Main Street Suite 205, Roselle/Illinois, 60172-3572

E-mail: Irma.Bates@montenegro-inc.com

Contact Person: Irma Bates Phone: 630-894-0350

Dollar Amount Participation: \$ 6,241

Percent Amount of Participation: .08 %

\*Letter of Intent attached? Yes  No

\*Current Letter of Certification attached? Yes  No

MBE/WBE Firm: MOTR GRAFX, LLC

Address: 7430 North Lehigh Ave., Niles/Illinois, 60714-4024

E-mail: lherin@motrgx.com

Contact Person: Lissette Herin Phone: 847-600-5656 Ext. 279

Dollar Amount Participation: \$ 27,302

Percent Amount of Participation: .35 %

\*Letter of Intent attached? Yes  No

\*Current Letter of Certification attached? Yes  No

*Attach additional sheets as needed.*

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

**MBE/WBE 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.cookcountylil.gov/contractcompliance](http://www.cookcountylil.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).

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

MBE/WBE Firm: EGS, Inc. dba Executive Gift Selection

Address: P.O. Box 3492, Oakbrook, Illinois, 60522-3492

E-mail: dee@exgs.com

Contact Person: Diane Dugo Phone: 630-455-4145

Dollar Amount Participation: \$ 780

Percent Amount of Participation: .01 %

\*Letter of Intent attached? Yes  No   
 \*Current Letter of Certification attached? Yes  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.

**MBE/WBE LETTER OF INTENT - FORM 2**

M/WBE Firm: Innovative Systems Group, Inc.

Certifying Agency: City of Chicago

Contact Person: Gerry Schoenneman

Certification Expiration Date: 7/1/2019

Address: 799 Roosevelt Road Building 4-suite 109

Ethnicity: Asian Male

City/State: Glen Ellyn/Illinois Zip: 60137-5908

Bid/Proposal/Contract #: 1518-14008

Phone: 630-858-8500 Fax: 630-858-8532

FEIN #: 36-3795189

Email: GerryS@innovativesys.com

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)

Custom Computer Programming Services  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:  
15.52% or \$1,210,000

Due 15 Days Upon Receipt of Invoice

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]  
Signature (M/WBE)

[Signature]  
Signature (Prime Bidder/Proposer)

Gerry Schoenneman  
Print Name

LaTonya Fourte-Lyles  
Print Name

Innovative Systems Group, Inc.  
Firm Name

Blue Cross Blue Shield of Illinois  
Firm Name

7/9/2019  
Date

7/9/19  
Date

Subscribed and sworn before me

Subscribed and sworn before me

this 10<sup>th</sup> day of July, 2019

this 15<sup>th</sup> day of July, 2019

Notary Public: [Signature]

Notary Public: [Signature]

SEAL  
OFFICIAL SEAL  
CYNTHIA MUSE  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES 02/27/21

SEAL  
OFFICIAL SEAL  
NATALIE A PAYNE  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES 11/20/19

## Certified Profile

CLOSE WINDOW [Print](#)**Business & Contact Information**

**BUSINESS NAME** Innovative Systems Group, Inc.

**OWNER** Mr Josélitó C. Salas

**ADDRESS** 799 Roosevelt Road Building 4-suite 109  
Glen Ellyn, IL 60137-5908 [Map This Address](#)

**PHONE** 630-858-8500

**FAX** 630-858-8532

**EMAIL** [cindym@innovativesys.com](mailto:cindym@innovativesys.com)

**Certification Information**

**CERTIFYING AGENCY** City of Chicago

**CERTIFICATION TYPE** MBE - Minority Business Enterprise

**CERTIFICATION DATE** 1/23/2018

**RENEWAL DATE** 8/1/2019

**EXPIRATION DATE** 8/1/2019

**CERTIFIED BUSINESS DESCRIPTION** NAICS 541511 Custom Computer Programming Services

**Commodity Codes**

Code	Description
NAICS 541511	Custom Computer Programming Services

**Additional Information**

**MBE/WBE LETTER OF INTENT - FORM 2**

M/WBE Firm: VIVA USA, Inc.  
Contact Person: Ms. Vasanthi Ilangoan  
Address: 3601 ALGONGQUIN RD. STE 425  
City/State: Rolling Meadows/Illinois Zip: 60008-3182  
Phone: 847-368-0860 Ext. 222 Fax: 847-368-0864  
Email: vilangoan@viva-ll.com

Certifying Agency: City of Chicago  
Certification Expiration Date: 2/23/2020  
Ethnicity: Asian Female  
Bid/Proposal/Contract #: 1518-14008  
FEIN #: 36-4077368

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)*  
Data Processing, Hosting, and Related Services, Temporary help services

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:  
15.54% or \$1,212,220  
Due 15 Days Upon Receipt of Invoice

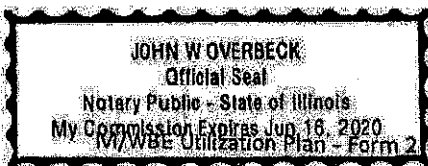
THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, 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) \_\_\_\_\_  
Vasanthi Ilangoan  
Print Name \_\_\_\_\_  
VIVA USA, Inc.  
Firm Name \_\_\_\_\_  
07/10/19  
Date \_\_\_\_\_

Signature (Prime Bidder/Proposer) \_\_\_\_\_  
LaTonya Fourte-Lyles  
Print Name \_\_\_\_\_  
Blue Cross Blue Shield of Illinois  
Firm Name \_\_\_\_\_  
7/8/19  
Date \_\_\_\_\_

Subscribed and sworn before me  
this 10<sup>th</sup> day of July, 2019  
Notary Public \_\_\_\_\_

Subscribed and sworn before me  
this 15<sup>th</sup> day of July, 2019  
Notary Public Natalie A. Payne



## Certified Profile

CLOSE WINDOW [Print](#)**Business & Contact Information**

BUSINESS NAME	<b>VIVA USA INC</b>	
OWNER	Ms. Vasanthi Ilangovan	
ADDRESS	3601 ALGONQUIN RD STE 425 ROLLING MEADOWS, IL 60008-3182	<a href="#">Map This Address</a>
PHONE	847-368-0860 Ext. 222	
FAX	847-368-0864	
EMAIL	<a href="mailto:vilangovan@viva-it.com">vilangovan@viva-it.com</a>	

**Certification Information**

CERTIFYING AGENCY	City of Chicago
CERTIFICATION TYPE	MBE - Minority Business Enterprise
CERTIFICATION DATE	4/9/2019
RENEWAL DATE	2/23/2020
EXPIRATION DATE	4/23/2020
CERTIFIED BUSINESS DESCRIPTION	NAICS 518210 Data Processing, Hosting, and Related Services NAICS 541511 Custom Computer Programming Services NAICS 541512 Computer Systems Design Services NAICS 541513 Computer Facilities Management Services NAICS 541611 Administrative Management and General Management Consulting Services NAICS 561320 Temporary help services

**Commodity Codes**

Code	Description
NAICS 518210	Data Processing, Hosting, and Related Services
NAICS 541511	Custom Computer Programming Services
NAICS 541512	Computer Systems Design Services
NAICS 541513	Computer Facilities Management Services
NAICS 541611	Administrative Management and General Management Consulting Services
NAICS 561320	Temporary help services

**MBE/WBE LETTER OF INTENT - FORM 2**

**M/WBE Firm:** Wedgworth Business Communications, DBA Wedgworth Communications  
**Contact Person:** Pamela Wedgworth  
**Address:** 828 Dunlap Ave  
**City/State:** Forest Park/Illinois **Zip:** 60130  
**Phone:** 708-223-0019 **Fax:** \_\_\_\_\_  
**Email:** pamota@wedgworthbiz.com

**Certifying Agency:** City of Chicago  
**Certification Expiration Date:** 12/22/2020  
**Ethnicity:** Black Female  
**Bid/Proposal/Contract #:** 1518-14008  
**FEBN #:** 394320604

**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)  
Project Management, Video production, copy writing and Graphic Design Services

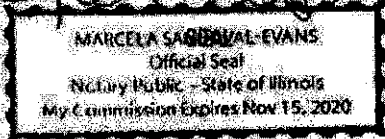
Indicate the **Dollar Amount**, **Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:  
2.60% or \$202,817  
Due 15 Days Upon Receipt of Invoice

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 Services/Supply and Fee/Cost were completed.

*Pamela G. Wedgworth*  
**Signature (M/WBE)**  
Pamela G. Wedgworth  
**Print Name**  
Wedgworth Business Communications, DBA Wedgworth Communications  
**Firm Name**  
7-11-19  
**Date**

*Latreya Fournie Lyles*  
**Signature (Prime Bidder/Proposer)**  
Latreya Fournie Lyles  
**Print Name**  
Blue Cross Blue Shield of Illinois  
**Firm Name**  
7/9/19  
**Date**

Subscribed and sworn before me  
 this 17 day of July, 2019  
**Notary Public:** *[Signature]*



Subscribed and sworn before me  
 this 15<sup>th</sup> day of July, 2019  
**Notary Public:** *[Signature]*





## Certified Profile

CLOSE WINDOW [Print](#)**Business & Contact Information**

BUSINESS NAME	<b>Wedgeworth Business Communications, DBA Wedgeworth Communications</b>
OWNER	Pamela Wedgeworth
ADDRESS	825 Dunlop Ave Forest Park, IL 60130 <a href="#">Map This Address</a>
PHONE	708-223-0019
EMAIL	<a href="mailto:pamela@wedgeworthbiz.com">pamela@wedgeworthbiz.com</a>

**Certification Information**

CERTIFYING AGENCY	City of Chicago
CERTIFICATION TYPE	WBE - Women Business Enterprise
CERTIFICATION DATE	10/21/2016
RENEWAL DATE	1/22/2018
EXPIRATION DATE	12/22/2020
CERTIFIED BUSINESS DESCRIPTION	Motion Picture and Video Production; Graphic Design; Custom Computer Programming; Marketing Consulting; Management Consulting; Public Relations

**Commodity Codes**

Code	Description
NAICS 512110	Motion picture and video production
NAICS 541430	Graphic design services
NAICS 541511	Custom Computer Programming Services
NAICS 541613	Marketing consulting services
NAICS 541618	Other Management Consulting Services
NAICS 541820	Public relations agencies

**Additional Information**

**MBE/WBE LETTER OF INTENT - FORM 2**

MAWBE Firm: My Wellness Community Inc., DBA My Health Method

Certifying Agency: City of Chicago

Contact Person: Charles Smith

Certification Expiration Date: 1/1/2020

Address: 150 N. Michigan Avenue ste 2400

Ethnicity: Black Male

City/State: Chicago/Illinois Zip: 60601

Bid/Proposal/Contract #: 1518-14008

Phone: 312-705-1100 Ext. 226 Fax: 312-567-0367

FEIN #: \_\_\_\_\_

Email: csmith@myhealthmethod.com

Participation:  Direct  Indirect

Will the MAWBE 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 MAWBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: *(If more space is needed to fully describe MAWBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)*  
Provides administrative services to community health program

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:  
.90% or \$70,206  
Due 15 Days Upon Receipt of Invoice

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]  
Signature (MAWBE)

Charles Smith  
Print Name

My Wellness Community Inc., DBA My Health Method  
Firm Name

7/9/2019  
Date

Subscribed and sworn before me  
this 10<sup>th</sup> day of July, 2019

Notary Public [Signature]



[Signature]  
Signature (Prima Bidder/Proposer)

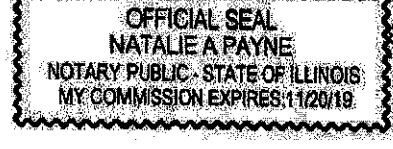
LaTonya Fourte-Lyles  
Print Name

Blue Cross Blue Shield of Illinois  
Firm Name

7/9/19  
Date

Subscribed and sworn before me  
this 15<sup>th</sup> day of July, 2019

Notary Public [Signature]



## Certified Profile

CLOSE WINDOW [Print](#)**Business & Contact Information**

**BUSINESS NAME** **My Wellness Community Inc. DBA Method Health, DBA My Health Method**

**OWNER** Mr. Charles Smith

**ADDRESS** 150 N. Michigan Avenue  
ste 2400 [Map This Address](#)  
Chicago, IL 60601-6060

**PHONE** 312-730-2920 Ext. 226

**FAX** 312-567-0367

**EMAIL** [csmith@myhealthmethod.com](mailto:csmith@myhealthmethod.com)

**Certification Information**

**CERTIFYING AGENCY** City of Chicago

**CERTIFICATION TYPE** MBE - Minority Business Enterprise

**CERTIFICATION DATE** 5/21/2019

**RENEWAL DATE** 1/1/2020

**EXPIRATION DATE** 1/1/2020

**CERTIFIED BUSINESS DESCRIPTION** NAICS CODES:  
624190: Other Individual and Family Services  
525120: Health and Welfare Funds  
Provides administrative services to community health programs

**Commodity Codes**

Code	Description
NAICS 525120	Health and welfare funds
NAICS 624190	Other Individual and Family Services

**Additional Information**

**WARD** 42

**MBE/WBE LETTER OF INTENT - FORM 2**

M/WBE Firm: Montenegro Paper Ltd., DBA Montenegro, INC

Certifying Agency: Cook County

Contact Person: Irma Bates

Certification Expiration Date: 8/25/2021

Address: 25 E Main Street Suite 205

Ethnicity: Hispanic Male

City/State: Roselle/Illinois Zip: 60172-3572

Bid/Proposal/Contract #: \_\_\_\_\_

Phone: 630-894-0950 Fax: 630-894-0095

FEIN #: 36-4113284

Email: Irma.Bates@montenegro-inc.com

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)

Regular Dealer: Commercial Printing Paper, Envelopes and Packaging Materials

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:  
.08% or \$6,241

Due 15 Days Upon Receipt of Invoice

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.

Irma V. Bates  
Signature (M/WBE)

LaTonya Fourte-Lyles  
Signature (Prime Bidder/Proposer)

Irma V Bates  
Print Name

LaTonya Fourte-Lyles  
Print Name

Montenegro Paper Ltd., DBA Montenegro, INC  
Firm Name

Blue Cross Blue Shield of Illinois  
Firm Name

07/10/2019  
Date

7/9/19  
Date

07/10/2019  
Date

07/10/2019  
Date

07/10/2019  
Date

Subscribed and sworn before me

Subscribed and sworn before me

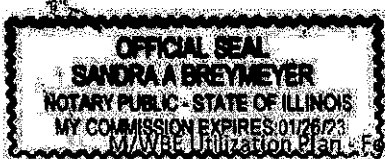
this 10<sup>th</sup> day of July, 2019

this 1<sup>st</sup> day of July, 2019

Notary Public Sandra A. Breymeyer

Notary Public Natalie A. Payne

NATALIE A. PAYNE  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES 11/20/19



SEAL

SEAL

## Certified Profile

CLOSE WINDOW [Print](#)**Business & Contact Information**

BUSINESS NAME	<b>Montenegro Paper Ltd., DBA Montenegro, INC</b>	
OWNER	Mr. Edgar Enciso	
ADDRESS	25 E Main Street Suite 205 Roselle, IL 60172-3572	<a href="#">Map This Address</a>
PHONE	630-894-0350	
FAX	630-894-0095	
EMAIL	<a href="mailto:info@montenegropaper.com">info@montenegropaper.com</a>	

**Certification Information**

CERTIFYING AGENCY	Cook County
CERTIFICATION TYPE	MBE - Minority Business Enterprise
CERTIFICATION DATE	8/25/2018
RENEWAL DATE	8/25/2019
EXPIRATION DATE	8/25/2021
CERTIFIED BUSINESS DESCRIPTION	Regular Dealer: Commercial Printing Paper, Envelopes and Packaging Materials

**Commodity Codes**

Code	Description
NAICS 42411	Printing and Writing Paper Merchant Wholesalers
NAICS 42412	Stationery and Office Supplies Merchant Wholesalers
NAICS 42413	Industrial and Personal Service Paper Merchant Wholesalers

**Additional Information**

**MBE/WBE LETTER OF INTENT - FORM 2**

M/WBE Firm: MOTR GRAFX, LLC  
Contact Person: Lissette Herrin  
Address: 7430 North Lehigh Ave.  
City/State: Niles/Illinois Zip: 60714-4024  
Phone: 847-600-5656 Ext. 279 Fax: 847-655-6190  
Email: lherrin@motrgfx.com

Certifying Agency: City of Chicago  
Certification Expiration Date: 11/15/2018  
Ethnicity: Hispanic Female  
Bid/Proposal/Contract #: 1518-14008  
FEIN #: 45-3554320

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)

Commercial Printing  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:  
35% or \$27,302

Due 15 Days Upon Receipt of Invoice

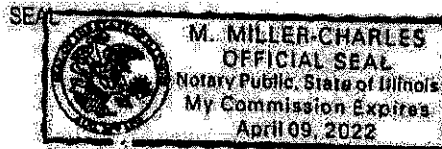
THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, 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.

Lissette Herrin  
Signature (M/WBE)  
Lissette Herrin  
Print Name  
MOTR GRAFX, LLC  
Firm Name  
07/09/2019  
Date

LaTonya Fourte-Lyles  
Signature (Prime Bidder/Proposer)  
LaTonya Fourte-Lyles  
Print Name  
Blue Cross Blue Shield of Illinois  
Firm Name  
7/9/19  
Date

Subscribed and sworn before me  
this 9<sup>th</sup> day of July, 2019  
Notary Public [Signature]

Subscribed and sworn before me  
this 15<sup>th</sup> day of July, 2019  
Notary Public [Signature]



## Certified Profile

CLOSE WINDOW [Print](#)**Business & Contact Information**

BUSINESS NAME	<b>MOTR GRAFX, LLC</b>	
OWNER	Delia Saboya	
ADDRESS	6250 W. Howard Niles, IL 60714-4024	<a href="#">Map This Address</a>
PHONE	847-600-5656 Ext. 279	
FAX	847-655-6130	
EMAIL	<a href="mailto:lherin@motrgx.com">lherin@motrgx.com</a>	

**Certification Information**

CERTIFYING AGENCY	City of Chicago
CERTIFICATION TYPE	WBE - Women Business Enterprise
CERTIFICATION DATE	1/31/2019
RENEWAL DATE	1/1/2020
EXPIRATION DATE	1/1/2024
CERTIFIED BUSINESS DESCRIPTION	NAICS 323111 Commercial Printing (except Screen and Books) NAICS 323120 Printing Postpress Services (2007 code: 323121) NAICS 541430 Graphic design services NAICS 541850 Advertising services, indoor or outdoor display

**Commodity Codes**

Code	Description
NAICS 323111	Commercial Printing (except Screen and Books)
NAICS 323120	Printing postpress services (e.g., bevelling, bronzing, folding, gluing, edging, foil stamping) to printed products (e.g., books, cards, paper)
NAICS 541430	Graphic design services
NAICS 541850	Advertising services, indoor or outdoor display

**Additional Information**

**MBE/WBE LETTER OF INTENT - FORM 2**

M/WBE Firm: EGS, Inc. dba Executive Gift Selection  
Contact Person: Diane Dugo  
Address: P.O. Box 3492  
City/State: Oakbrook, Illinois Zip: 60522-3492  
Phone: 630-455-4146 Fax: 630-455-4146  
Email: dde@egs.com

Certifying Agency: Cook County  
Certification Expiration Date: 8/1/2020  
Ethnicity: Caucasian Female  
Bid/Proposal/Contract #: 1518-14008  
FEIN #: \_\_\_\_\_

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)

Branded Promotional Items  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:  
.01% or \$780

Due 15 Days Upon Receipt of Invoice

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.

Diane Dugo  
Signature (M/WBE)

DIANE DUGO  
Print Name

EGS, Inc. dba Executive Gift Selection

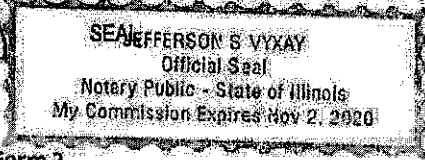
Firm Name

EGS

Date

Subscribed and sworn before me  
this 12<sup>th</sup> day of July, 2019

Notary Public [Signature]



[Signature]  
Signature (Prime Bidder/Proposer)

LaTonya Fourte-Lyles

Print Name

Blue Cross Blue Shield of Illinois

Firm Name

7/9/19

Date

Subscribed and sworn before me  
this 15<sup>th</sup> day of July, 2019

Notary Public [Signature]





CLOSE WINDOW

[Print](#)

**Business & Contact Information**

**BUSINESS NAME**                    **EGS, Inc., DBA Executive Gift Selection**

**OWNER**                                **Diane Dugo**

**ADDRESS**                            **P.O. Box 3492**                                [Map This Address](#)  
**Oak Brook, IL 60522-3492**

**PHONE**                                **630-455-4145**

**FAX**                                      **630-455-4146**

**EMAIL**                                 **[dee@exgs.com](mailto:dee@exgs.com)**

**Certification Information**

**CERTIFYING AGENCY**                **Cook County**

**CERTIFICATION TYPE**               **WBE - Women Business Enterprise**

**CERTIFICATION DATE**               **8/1/2018**

**RENEWAL DATE**                       **8/1/2019**

**EXPIRATION DATE**                   **8/1/2021**

**CERTIFIED BUSINESS DESCRIPTION**               **Marketing, Promotional Products and Gifts**

**Commodity Codes**

Code	Description
NAICS 541613	Marketing consulting services
NIGP 03743	Gifts, Including Gift Cards and Gift Certificates
NIGP 03752	Novelties, Promotional and Specialty Products, Including Biodegradable
NIGP 03778	Souvenirs and Prizes; Promotional, Advertising, etc.

**Additional Information**

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

<b>Section</b>	<b>Description</b>	<b>Pages</b>
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
6	Cook County Signature Page	EDS 16

**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 [cookcountyil.gov/ethics-board-of](http://cookcountyil.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.

Effective October 1, 2016 all foreign corporations and LLCs must be registered with the Illinois Secretary of State's Office unless a statutory exemption applies to the applicant. Applicants who are exempt from registering must provide a written statement explaining why they are exempt from registering as a foreign entity with the Illinois Secretary of State's Office.

**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, 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](http://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](http://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
NA	
_____	_____
_____	_____
_____	_____

**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:  \_\_\_\_\_ No:  \_\_\_\_\_

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

Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company, is headquaterd at:

\_\_\_\_\_

300 East Randolph Street, Chicago, Illinois 60601

\_\_\_\_\_

\_\_\_\_\_

c) Does Applicant employ the majority of its regular full-time workforce within Cook County?

Yes:  No:

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

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

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

**4. REAL ESTATE OWNERSHIP DISCLOSURES.**

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

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

PERMANENT INDEX NUMBER(S): 17-10-318-034-0000  
300 East Randolph Street, Chicago, Illinois 60601

**(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:

NA

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. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

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: NA FEIN # Only: 36-1236610

Street Address: 300 East Randolph Street

City: Chicago State: Illinois Zip Code: 60601

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, which follows this EDS document.			

**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.



## HCSC Officers and Directors

HCSC Corporate Officers- As of June 2019	
Name	Title
Milton Carroll	Chair of the Board of Directors
Paul A. Steiner	President and Chief Executive Officer
Blair W. Todt	Secretary, Senior Vice President
Eric A. Feldstein	Chief Financial Officer, Senior Vice President

HCSC Elected Officers- As of June 2019	
Name	Title
Steven Betts	Senior Vice President
Kevin M. Cassidy	Senior Vice President
Opella Ernest, M.D.	Senior Vice President
Joel M. Farran	Senior Vice President
Michael E. Frank	Senior Vice President
Stephen F. Hamman	Senior Vice President
Robert T. Hitchcock	Senior Vice President
James L. Kadela	Senior Vice President
Thomas C. Lubben	Chief Ethics, Compliance, and Privacy Officer
Douglas Lynch	Senior Vice President
Dan McCoy, M.D.	Senior Vice President
Carl R. McDonald	Divisional Senior Vice President - Treasurer
Andy A. Napoli	Senior Vice President
Nazneen Razi	Senior Vice President
Kurt B. Shipley	Senior Vice President
Maurice S. Smith	Senior Vice President
Jeffrey R. Tikkanen	Senior Vice President



**BlueCross BlueShield  
of Illinois**

*Use or disclosure of data  
contained on this page is  
restricted.*

<b>HSC Board of Directors- As of June 2019</b>	
<b>Name</b>	<b>Title</b>
Milton Carroll	Chairman
Paula A. Steiner	President and Chief Executive Officer
Timothy L. Burke	Board of Director
Michelle L. Collins	Board of Director
Monte E. Ford	Board of Director
Dennis J. Gannon	Board of Director
Dianne B. Gasbarra, M.D.	Board of Director
Thaddeus J. Malik	Board of Director
David J. Lesar	Board of Director
Elaine M. Mendoza	Board of Director
Ray Perryman, Ph.D.	Board of Director
Gregory D. Wasson	Board of Director

**COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE**

**Robert Miller**

Vice President - Illinois Municipal Accounts

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

Title

*Robert Miller*

June 26, 2019

Signature

Date

Robert\_Miller@bcbsil.com

312-653-8069

E-mail address

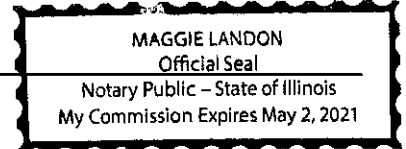
Phone Number

Subscribed to and sworn before me  
this 26th day of June, 2019.

My commission expires: May 2, 2021

x *Maggie Landon*  
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"/> Halfbrother  |
| <input type="checkbox"/> Nephew  | <input type="checkbox"/> Sister-in-law   | <input type="checkbox"/> Halfsister   |

COOK COUNTY BOARD OF ETHICS  
FAMILIAL RELATIONSHIP DISCLOSURE FORM

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

Name of Person Doing Business with the County: Health Care Service Corporation, a Mutual Legal Reserve Company

Address of Person Doing Business with the County: 300 E. Randolph Street, Chicago, Illinois 60601

Phone number of Person Doing Business with the County: Contact : Robert Miller- 312-653-8069

Email address of Person Doing Business with the County: Contact : Robert Miller- Robert\_Miller@bcbsil.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:  
Contact : Robert Miller, Vice President, Municipal Accounts- 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 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: 1518-14008

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 1,469,065,500.00

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: \_\_\_\_\_

Angela Sanchez, Procurement Analyst, Cook County Government/Office of Chief Procurement Officer, (312) 603-2691 (Office) angela.sanchez@cookcountyil.gov (E-mail)

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: \_\_\_\_\_

Angela Sanchez, Procurement Analyst, Cook County Government/Office of Chief Procurement Officer, (312) 603-2691 (Office) angela.sanchez@cookcountyil.gov (E-mail)

**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*
NA			

*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*
NA			

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*
NA			



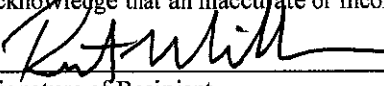
Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
NA			

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*
NA			

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*
NA			

*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

June 26, 2019  
 \_\_\_\_\_  
 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: 1518-14008  
 County Using Agency (requesting Procurement): Office of Cook County Chief Procurement Officer

**II. Person/Substantial Owner Information:**

Person (Corporate Entity Name): Health Care Service Corporation, a Mutual Legal Reserve Company  
 Substantial Owner Complete Name: NA  
 FEIN# 36-1236610  
 Date of Birth: NA E-mail address: Robert\_Miller@bcbsil.com  
 Street Address: 300 East Randolph Street  
 City: Chicago State: Illinois Zip: 60601  
 Home Phone: ( ) \_\_\_\_\_

**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 of 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: *Robert Miller* Date: June 26, 2019

Name of Person signing (Print): Robert Miller Title: Vice President - Illinois Municipal Accounts

Subscribed and sworn to before me this 26<sup>th</sup> day of June, 2019

x *Maggie Landon*  
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 PAGES OF EDS**

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**

Maurice Smith, President - Illinois Plan

Health Care Service Corporation, a Mutual Legal Reserve Company

*Maurice Smith*

Corporation's Name

President's Printed Name and Signature

Robert Miller, VP-Municipal Accounts: 312-653-8069

Robert Miller, VP-Municipal Accounts: Robert\_Miller@bcbsil.com

Telephone

Email

*[Signature]*

June 26, 2019

Secretary Signature Blair Todt, Secretary, Senior Vice President

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 Signature

Assumed Name (if applicable)

Date

Telephone and Email

Subscribed and sworn to before me this

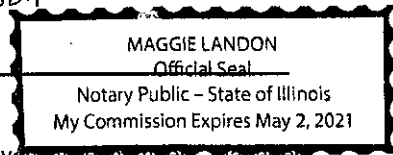
26th day of June, 2019.

My commission expires: May 2, 2021

*[Signature]*

Notary Public Signature

Notary Seal



\*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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/17/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 Attn: Healthcare.AccountsCSS@marsh.com/FAX: 212-948-1307	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No. Ext):</b>	<b>FAX (A/C, No):</b>	
CN101825276-GAWU-ALL-18-19  <b>INSURED</b> HEALTH CARE SERVICE CORPORATION AND ITS SUBSIDIARIES 300 EAST RANDOLPH STREET CHICAGO, IL 60601	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> Zurich American Insurance Company		16535
	<b>INSURER B :</b> N/A		N/A
	<b>INSURER C :</b> Safety National Casualty Corp.		15105
	<b>INSURER D :</b> N/A		N/A
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**COVERAGES**                      **CERTIFICATE NUMBER:** CHI-008415431-09                      **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLO 9377127-15 (AOS)	11/01/2018	11/01/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 9377126-15	11/01/2018	11/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	IL - EXCESS WC			SP 4059447 SIR: \$550,000	11/01/2018	11/01/2019	WORKERS COMP: STATUTORY EMPLOYERS LIABILITY \$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
RE: PROFESSIONAL SERVICES 15-18-14008  
COUNTY OF COOK IS AN ADDITIONAL INSURED ON A PRIMARY, NON-CONTRIBUTORY BASIS ON THE COMMERCIAL GENERAL LIABILITY POLICY WHEN REQUIRED BY WRITTEN AGREEMENT.  
COUNTY OF COOK IS AN ADDITIONAL INSURED ON THE AUTO LIABILITY POLICY WHEN REQUIRED BY WRITTEN AGREEMENT. COMMERCIAL GENERAL LIABILITY, AUTO LIABILITY AND WORKERS' COMPENSATION POLICIES PROVIDE A WAIVER OF SUBROGATION WHEN REQUIRED BY WRITTEN AGREEMENT.

### CERTIFICATE HOLDER

COUNTY OF COOK  
C/O OFFICE OF THE CHIEF PROCUREMENT OFFICER  
118 NORTH CLARK  
SUITE 1018  
CHICAGO, IL 60602

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
of Marsh USA Inc.  
Manashi Mukherjee *Manashi Mukherjee*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/26/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 Attn: Healthcare.AccountsCSS@marsh.com/FAX: 212-948-1307  CN101825276-PL.-PL-19-20	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> HEALTH CARE SERVICE CORPORATION AND ITS SUBSIDIARIES 300 EAST RANDOLPH STREET CHICAGO, IL 60601	<b>INSURER A :</b> Travelers Casualty and Surety Company of America NAIC# 31194	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CHI-008416036-14                      **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY/E&O			106228746	01/01/2019	01/01/2020	LIMIT OF LIABILITY \$5,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: EMPLOYER SPONSORED HEALTH INSURANCE BENEFITS

<b>CERTIFICATE HOLDER</b>  COUNTY OF COOK C/O OFFICE OF THE CHIEF PROCUREMENT OFFICER 118 NORTH CLARK SUITE 1018 CHICAGO, IL 60602	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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