



## Contract

**Commodity or Service:** Health Insurance Program Coordinator and Assistants for HICS Amendment #5 **Request for Bid/Proposal No:** ETI0024

**Contract Period:** July 1, 2010 through June 30, 2011 with (1) one year option for renewal

1. This contract is entered into by and between the State of Wisconsin, Department of Employee Trust Funds, and the contractor whose name, address, and principal officer appears below;
2. Whereby the Department of Employee Trust Funds, agrees to direct the purchase and the contractor agrees to supply the contract requirements cited above in accordance with the terms and conditions of the request for bid cited above, and in accordance with the contractor's bid submitted on this request for bid; which request for bid is hereby made a part of this contract;
3. In connection with the performance of work under this contract, the contractor agrees not to discriminate against any employees or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in s.51.01(5), Wis. Stats., sexual orientation as defined in s.111.32(13m), Wis. Stats., or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the contractor further agrees to take affirmative action to ensure equal employment opportunities. The contractor agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.
4. Contracts estimated to be over twenty-five thousand dollars (\$25,000) require the submission of a written affirmative action plan. Contractors with an annual work force of less than twenty-five (25) employees are exempted from this requirement.  
  
Within fifteen (15) working days after the award of the contract, the plan shall be submitted for approval to the contracting agency. Technical assistance regarding this clause is provided by the Wisconsin Office of Contract Compliance, Department of Administration, P.O. Box 7867, Madison, WI 53707-7867, (608) 266-5462.
5. The order of precedence is: exhibit 1, Business Associate Addendum; the official purchase order; this contract ; Amendment 1, Request for Proposal (RFP) ETI0024 dated April 16, 2009 (including all appendices and amendments); and DI & Associates's response to RFP dated May 4<sup>th</sup> 2009.
6. September 2, 2009 issued Amendment 2 authorizing 600 additional hours for the Program Coordinator Employer Education position through December 31, 2009 excluding 5 days off due to either furloughs or holidays.
7. January 6, 2010 issued Amendment 3: Fifth HICS Program Assistant authorized thru 06/30/2010. Extending Program Coordinator Employer Education position thru 02/28/2010 (point 6). Authorizing four (4) Program Assistants Variable at Core. Project starting in early January of 2010 and expected to last one year. Pay based on "Program Assistant" rate. Excludes official furlough days and holidays.
8. April 28, 2010 issued Amendment 4: Extending Program Coordinator Employer Education position thru 06/30/2010. Notice may be given to terminate the position before this date. ETF is in the process of recruiting and training permanent staff.
9. July 13, 2010 extending contract 07/01/2010 through 06/30/2011. Issued Amendment 5: Ending Program Coordinator Employer Education position and reducing Program Assistant(s) to 3 , Purchase Order ETAC0000016.

*This document can be made available in accessible formats to qualified individuals with disabilities.*

**Contract Number: ETI0024 Health Insurance Program  
Coordinator and Assistants for HICS**

<b>State of Wisconsin Department of Administration Department of Employee Trust Funds</b>	
By (Name)	Robert J. Conlin
Signature	
Title	Deputy Secretary
Phone	(608) 261-7940      bob.conlin@etf.wi.us
Date (MM/DD/YYYY)	7/30/10
Witness (1):	Cindy D. Helles
Witness (2):	Kim Touin

<b>To be Completed by Contractor</b>	
Company Name	Di & Associates d/b/a Spherion
Company Address (City, State, Zip)	2109 Luann Lane Madison WI 53713
By (Name)	Diana Schafer
Signature	
Title	Owner
Phone	(608) 274-6000
Date (MM/DD/YYYY)	7/14/2010
Witness (1):	Margaret Lutinger
Witness (2):	Garth A. Starn

**RFP ETI0024  
Contract Amendment 5**

**HEALTH INSURANCE PROGRAM COORDINATOR  
AND THE HEALTH INSURANCE PROGRAM  
ASSISTANTS FOR THE HEALTH INSURANCE AND  
COMPLAINT SYSTEM (HICS)  
VARIABLE AT CORE PROGRAM ASSISTANTS**

Program Coordinator (Sec C p.1)	Hourly Bill Rate \$34.55	X 2080 hr/yr			Total \$71,864
Program Coordinator Employer Education	Hourly Bill Rate \$27.00 (34.55 - 21.8%)	X 400 hr/yr X 600 hr/yr X 320 hr/yr X 760 hr/yr Est. Ending 06/30/201010	\$10,800 \$16,200 \$8,640 \$20,520		
Program Assistant(s) (Sec C p.2)	Hourly Bill Rate \$18.85	X 2080 hr/yr	Sub Total \$39,208	X 3	Total \$117,624
Program Assistant(s) Variable at Core	Hourly Bill Rate \$18.85	X 2080 hr/yr	Sub Total \$39,208	X 4	Total \$156,832
Cost Proposal (3.2) Based on Hourly Bill Rates Above: Estimated Total Annual Charges for all services, if worked.					Grand Total \$346,320
Amendment 5 Issued 7/13/10 – Extending contract for one year, P.O. ETAC0000016					
<ul style="list-style-type: none"> <li>Spherion has a strict policy of requiring supervisor overtime approval prior to any overtime work being done. Spherion pays overtime in accordance with State laws,</li> </ul>					
<ul style="list-style-type: none"> <li>The State of Wisconsin reserves the right to cancel any contract without penalty due to nonappropriation of funds. Total dollar amount stated for encumbrance purposes only. Payments shall be based upon performance results as outlined in RFP</li> </ul>					