

CS-17-50

(Contract Management Use only)

CONTRACT TRACKING NO.

CM1844-A11

17 SEP 25 PM 2:26

CONTRACT APPROVAL FORM

CONTRACTOR INFORMATION

Name: Johns Eastern

Address: PO Box 110279, Lakewood Ranch, FL 34211
City State Zip

Contractor's Administrator Name: Kristin Brown Title: _____

Tel#: (877) 879-9539 Fax: (813) 402-7917 Email: kbrown@johnseastern.com

CONTRACT INFORMATION

Contract Name: Johns Eastern Contract Value: Varies Est. \$10,000

Brief Description: Provides all claims handling, investigations, payment of bills and Medicare set aside services for two outstanding Workers' Compensation Claims dating back to 1989 and 1994 when the County was self insurance for Workers Compensation.

Contract Dates : From: 01/01/2018 to: 12/31/2018 Status: ___ New ___ Renew 11 Amend# ___ WA/Task Order

How Procured: ___ Sole Source ___ Single Source ___ ITB ___ RFP ___ RFQ ___ Coop. ___ Other _____

If Processing an Amendment:

Contract #: _____ Increase Amount of Existing Contract: _____

New Contract Dates: _____ to _____ TOTAL OR AMENDMENT AMOUNT: _____

17 OCT -2 PM 4:32

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

1. [Signature] 9/22/17
Department Head Signature Date
2. [Signature] 9/22/17
Contract Management Date
3. [Signature] 9/26/17
Office of Management & Budget Date
4. [Signature] 9/28/17
County Attorney (approved as to form only) Date

Human Resources
Submitting Department
01261526 & 03404541 - 524020
Funding Source/Acct #

1 claim FR
1 claim RTB

Comments: _____

COUNTY MANAGER – FINAL SIGNATURE APPROVAL

[Signature] 10-11-17
Shanea D. Jones Date

RETURN ORIGINAL(S) TO CONTRACT MANAGEMENT FOR DISTRIBUTION AS FOLLOWS:

- Original: Clerk's Services; Contractor (original or certified copy)
- Copy: Department
- Office of Management & Budget
- Contract Management
- Clerk Finance



**ADDENDUM NUMBER ELEVEN
TO
SERVICE CONTRACT FOR
WORKERS' COMPENSATION CLAIMS HANDLING**

This is the Eleventh Addendum to the Agreement entered into between Johns Eastern Company, Inc., hereinafter called the SERVICE AGENT, and NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS, hereinafter called the EMPLOYER, dated the 1st day of October, 1991.

This Addendum affects the remuneration to be paid by the EMPLOYER to the SERVICE AGENT for the handling of claims with dates of loss prior to October 1, 1994 for the period of January 1, 2018 through December 31, 2018. All other terms of the original contract remain unchanged.

- 5. **Compensation for the Service Agent:** For performing its services under this Agreement, the Service Agent shall be entitled to the following compensation:
 - a) Fees for handling claims with dates of loss prior to October 1, 1994 will be at a rate of \$850.00 per exposure, per year.
 - b) Medicare reporting will be \$5,000.00 annually.

IN WITNESS WHEREOF, the SERVICING AGENT and the EMPLOYER have each caused this Addendum to be executed by its duly authorized representative to be effective this 1st day of January 2018.

WITNESS:

NASSAU COUNTY
BOARD OF COUNTY COMMISSIONERS



SHANEA JONES, COUNTY MANAGER, BOARD DESIGNEE

WITNESS:



JOHNS EASTERN COMPANY, INC.



Beverly Adkins, AIC, AIM
Executive Vice President