



State of Wisconsin
Department of Employee Trust Funds
4822 Madison Yards Way
Madison, WI 53705-9100
P. O. Box 7931
Madison, WI 53707-7931

Contract by Authorized Board

Commodity or Service:

Third Party Administration of
Commuter Fringe Benefit Accounts

Contract No./Request for Proposal No:

ETH0054 – Amendment #1

Authorized Board: Group Insurance Board

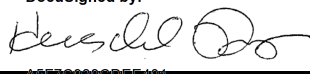
Contract Period: May 1, 2019 – December 31, 2021 with the option for renewal for two (2) additional two (2) year periods.


1. This Contract is entered into by the State of Wisconsin Department of Employee Trust Funds (Department) on behalf of the State of Wisconsin Group Insurance Board (Board), and ConnectYourCare, LLC (Contractor), whose address and principal officer appear below. The Department is the sole point of contact for this Contract.
2. Whereby the Department agrees to direct the purchase and Contractor agrees to supply the Contract requirements in accordance with the documents specified in the order of precedence below, which are hereby made a part of this Contract by reference.
3. In this Contract Amendment #1, the Department and the Contractor agree to modify the Contract as follows:
 - a. The Department's Request for Proposal (RFP) ETH0052 Appendix 9 - State of Wisconsin Commuter Fringe Benefit Accounts Program Agreement dated May 1, 2019, is hereby modified as indicated in the attached Contract Amendment 1A – Modifications to Appendix 9 - State of Wisconsin Commuter Fringe Benefit Accounts Program Agreement.
4. For purposes of administering this Contract, the order of precedence is:
 - a) This Contract Amendment #1;
 - b) The Contract between the Department and the Contractor signed by the Board on May 7, 2019;
 - c) Exhibit A – Contract Changes dated May 1, 2019;
 - d) RFP Appendix 9 – State of Wisconsin Commuter Fringe Benefit Program Agreement dated May 1, 2019;
 - e) RFP Appendix 2 – Department Terms and Conditions dated May 1, 2019;
 - f) RFP Appendix 4 – State Employer Organizational Relationship Overview dated May 1, 2019;
 - g) ETF Request for Proposal (RFP) ETH0052-54 dated June 29, 2018;
 - h) Contractor's RFP Form H – Cost Proposal Workbook submitted to the Department on January 23, 2019, as Contractor's Best and Final Offer (BAFO); and,
 - i) Contractor's proposal dated August 29, 2018.

Continued on next page.

Contract Number & Service: Amendment #1 to ETH0054 Third Party Administration of Commuter Fringe Benefit Accounts

This Contract Amendment #1 shall become effective upon the date of last signature below (the "Effective Date").

State of Wisconsin Department of Employee Trust Funds
Authorized Board: State of Wisconsin Group Insurance Board
By (Name): Herschel Day, Chair, Group Insurance Board
Signature: <small>DocuSigned by:</small> 
Date of Signature: <small>A377C939CDEE401</small> 10/7/2019
Contact A. John Voelker, ETF Deputy Secretary, if questions arise: (608) 266-9854

Contractor
Legal Company Name: ConnectYourCare, LLC
Trade Name: ConnectYourCare, LLC
Taxpayer Identification Number: 26-1274092
Contractor Address (Street Address, City, State, Zip): 307 International Circle, Suite 200 Hunt Valley, MD 21030
Name & Title (print name and title of person authorized to legally sign for and bind Contractor): Harrison Stone, General Counsel
Signature: <small>DocuSigned by:</small> 
Date of Signature: <small>POC:AF0822E5748F</small> 10/1/2019
Email: harrison.stone@connectyourcare.com Phone: (410) 891-1033

Amendment 1A

Modifications to RFP ETH0054 Appendix 9 - State of Wisconsin Commuter Fringe Benefit Account Program Agreement

- A. RFP ETH0054 Appendix 9 – State of Wisconsin Commuter Fringe Benefit Account Program Agreement dated May 1, 2019, Section 130A.2.b is hereby amended as follows:

130 Administrative Fee and Financial Administration

130A Financial Provisions

2) Administrative Fees, Other Fee Invoicing and Payments:

- b) Payments to the CONTRACTOR shall be made monthly, based on the number of active PARTICIPANT BENEFIT PROGRAM accounts in the CONTRACTOR'S processing system on the ~~tenth~~ first (1st10th) of the month.
- (1) Administrative Fees. Encompasses administrative fees for SERVICES provided from CALENDAR DAY one (1) through the last CALENDAR DAY of the month. The CONTRACTOR will electronically send an administrative fee invoice to the DEPARTMENT via a method and in a format mutually agreed upon by the DEPARTMENT and the CONTRACTOR by the fifteenth (15th) of the month in which the invoice applies. If the fifteenth (15th) of the month falls on a non-BUSINESS DAY, the CONTRACTOR will send the invoice to the DEPARTMENT on the next BUSINESS DAY. ~~within ten (10) BUSINESS DAYS following the end of the month for which the invoice applies.~~ The DEPARTMENT will pay the CONTRACTOR the administrative fees within five (5) BUSINESS DAYS of receipt of CONTRACTOR'S properly submitted invoice. The number of DAYS may increase if the DEPARTMENT justifiably disputes an invoice.
- (2) Other Fees. For any fees other than the administrative fees, the CONTRACTOR will include such fees on the administrative fee invoice. Such fees must be called out as separate line items in the invoice and include a description sufficient for ETF to determine what the fee is for. ~~invoice the DEPARTMENT monthly. The CONTRACTOR will electronically send an invoice to the DEPARTMENT via a method and in a format mutually agreed upon by the DEPARTMENT and CONTRACTOR within ten (10) BUSINESS DAYS following the end of the month for which the invoice applies.~~ The DEPARTMENT will pay CONTRACTOR for such other fees within five (5) BUSINESS DAYS of receipt of CONTRACTOR'S properly submitted invoice. The number of DAYS may increase if the DEPARTMENT justifiably disputes an invoice.