



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 #3

**Authorized Board:** Group Insurance Board

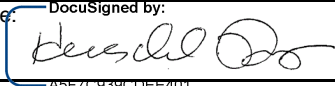
**Contract Period:** May 1, 2019 – December 31, 2023 with the option for renewal for one (1) additional two (2) year period.


1. This Contract Amendment #3 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 Optum Financial (Contractor).
2. Whereby in November 2020, Optum Financial, Inc. a subsidiary of UnitedHealth Group Incorporated, acquired ConnectYourCare, LLC, the account-based plan administrator the Board currently contracts with to administer Health Savings Accounts. ConnectYourCare, LLC continues to exist and is now a wholly owned subsidiary of Optum Financial, Inc. and part of the Optum Financial brand. Services under the Contract will continue to be performed by the ConnectYourCare, LLC legal entity under the Optum Financial brand. In addition to ConnectYourCare, LLC, Optum Financial, Inc. also hereby expressly assumes, confirms, and agrees to all of the obligations, agreements, terms and conditions, duties, and liabilities under the Contract as the parent of ConnectYourCare, LLC.
3. 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 the Contract by reference. The Department is the sole point of contact for the Contract.
4. In **Contract Amendment #1**, the Department and the Contractor agreed to modify the Contract as follows:
  - a. The Department's Request for Proposal (RFP) ETH0054 Appendix 9 - State of Wisconsin Commuter Fringe Benefit Accounts Program Agreement dated May 1, 2019, was modified as indicated in Contract Amendment 1A – Modifications to Appendix 9 - State of Wisconsin Commuter Fringe Benefit Accounts Program Agreement.
5. In **Contract Amendment #2**, the Department and Contractor agreed to modify the Contract as follows:
  - a. The Department's Request for Proposal (RFP) ETH0054 Appendix 9 - State of Wisconsin Commuter Fringe Benefit Accounts Program Agreement dated May 1, 2019, was modified as indicated in Contract Amendment 2A – Modifications to RFP ETH0054 Appendix 9 - State of Wisconsin Commuter Fringe Benefit Account Program Agreement.

6. In this **Contract Amendment #3**, the Department and Contractor agree to modify the Contract as follows:
- As approved by the Board in February 2021, the Contract is hereby extended two (2) years as reflected in the Contract Period listed above, through December 31, 2023.
7. For purposes of administering the Contract, the order of precedence is:
- This Contract Amendment #3;
  - Contract Amendment #2 signed by the Board on May 20, 2020;
  - Contract Amendment #1 signed by the Board on October 7, 2019;
  - The Contract between the Department and the Contractor signed by the Board on May 7, 2019;
  - Exhibit A – Contract Changes dated May 1, 2019;
  - RFP Appendix 9 – State of Wisconsin Commuter Fringe Benefit Program Agreement dated May 1, 2019;
  - RFP Appendix 2 – Department Terms and Conditions dated May 1, 2019;
  - RFP Appendix 4 – State Employer Organizational Relationship Overview dated May 1, 2019;
  - ETF Request for Proposal (RFP) ETH0052-54 dated June 29, 2018;
  - 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,
  - Contractor's proposal dated August 29, 2018.

**Contract Number & Service:** Amendment #3 to ETH0054 Third Party Administration of Commuter Fringe Benefit Accounts

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

<b>State of Wisconsin Department of Employee Trust Funds</b>
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>ASF7C939CDEE401...</small> 7/22/2021
Contact <a href="mailto:ETFsmbProcurement@etf.wi.gov">ETFsmbProcurement@etf.wi.gov</a> should questions arise regarding this document.

<b>Contractor</b>
Legal Company Name:  ConnectYourCare, LLC
Trade Name:  Optum Financial
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):  Mark Johns, Director of Finance (Optum Financial, Inc.)
Signature: <small>DocuSigned by:</small> 
Date of Signature: <small>DDA57C28968D4C32</small> 7/20/2021
Email: mark.johns@optum.com Phone: +1 952-205-6441