

AMENDMENT NO. 2 TO AGREEMENT NO. A-13188 BY AND BETWEEN COUNTY OF MONTEREY AND UNUM

THIS AMENDMENT is made to the PROFESSIONAL SERVICES AGREEMENT for the provision of disability insurance by and between UNUM, hereinafter “CONTRACTOR”, and the County of Monterey, a political subdivision of the State of California, hereinafter referred to as “County”.

WHEREAS, the County and CONTRACTOR wish to amend the AGREEMENT to reflect the County’s exercise of the option to extend for one (1) additional year.

NOW THEREFORE, the County and CONTRACTOR hereby agree to amend the AGREEMENT in the following manner:

1. **Section 4, “TERM OF AGREEMENT”, shall be amended by removing** “The term shall commence February 1, 2015, through and including January 31, 2018, with the option to extend the AGREEMENT for two (2) additional, one (1) year periods upon mutual written consent. The County is not required to state a reason if it elects not to renew in future periods.” **and replacing it with** “The term shall commence February 1, 2015 through and including January 31, 2019, with the option to extend the AGREEMENT upon mutual consent. County is not required to state a reason if it elects not to renew this AGREEMENT.”
2. **EXHIBIT B-1 – COST to the Agreement shall be amended by removing** “All Fees and Premiums are guaranteed for 12 months from 2/1/2017 – 1/31/2018.” **and replacing it with** “All Fees and Premiums are guaranteed for 24 months from 2/1/17 – 1/31/19.”
3. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT are unchanged and unaffected by this AMENDMENT and shall continue in full force and effect as set forth in the AGREEMENT.
4. A copy of this AMENDMENT shall be attached to the original AGREEMENT signed and dated by the County Contracts/Purchasing Officer on June 27, 2016.

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IN WITNESS WHEREOF, the parties have executed this AMENDMENT on the day and year written below.

MONTEREY COUNTY:

CONTRACTOR

[Signature]
Contracts/Purchasing Officer

By: [Signature]
Signature of Chair, President, or
Vice-President

Dated: 10-30-17

[Signature]
Printed Name and Title

Approved as to Fiscal Provisions:

Dated: 10/17/17

[Signature]
Deputy Auditor/Controller

By: [Signature]
(Signature of Secretary, Asst. Secretary, CFO,
Treasurer or Asst. Treasurer)*

Dated: 10-27-17

Stephanie Menehaca Client Manager
Printed Name and Title

Approved as to Liability Provisions:

Dated: 10/17/17

Risk Management

Dated: _____

Approved as to Form:

[Signature]
Deputy County Counsel

Dated: October 25, 2017

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.