

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:

Contract No./Request for Proposal No:

Third Party Administration of Commuter Fringe Benefit Accounts ETH0054 - Amendment #2

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 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.
- 4. In this Contract Amendment #2, the Department and Contractor agree 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, is modified as indicated in the attached Contract Amendment 2A - Addition of Modifications to RFP ETH0054 Appendix 9 - State of Wisconsin Commuter Fringe Benefit Account Program Agreement.
- 5. For purposes of administering this Contract, the order of precedence is:
 - a) This Contract Amendment #2;
 - b) Contract Amendment #1;
 - c) The Contract between the Department and the Contractor signed by the Board on May 7, 2019;
 - d) Exhibit A Contract Changes dated May 1, 2019;
 - e) RFP Appendix 9 State of Wisconsin Commuter Fringe Benefit Program Agreement dated May 1, 2019;
 - f) RFP Appendix 2 Department Terms and Conditions dated May 1, 2019;
 - g) RFP Appendix 4 State Employer Organizational Relationship Overview dated May 1, 2019;

- h) ETF Request for Proposal (RFP) ETH0052-54 dated June 29, 2018;
- i) 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,
- j) Contractor's proposal dated August 29, 2018.

Contract Number & Service: Amendment #2 to ETH0054 Third Party Administration of Commuter Fringe Benefit Accounts

This Contract Amendment #2 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: Signature: A5E7C039CDEE401
Date of Signature: 5/20/2020
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: DocuSigned by:
Date of Signature: AF5/19/2020
Email: harrison.stone@connectyourcare.com

Phone: (410) 891-1000

Amendment 2A

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

With this Amendment 2A, the Contractor is required to auto-substantiate all commuter claims incurred by commuter account holders (referred to as Participants under the State of Wisconsin Commuter Fringe Benefit Account Program Agreement) in the City of Madison Transportation Office (located at the City of Madison Parking Utility, 215 Martin Luther King Jr. Blvd, Madison, WI 53703). The Contractor shall process the commuter claims incurred in the City of Madison Transportation Office when such claims are presented to the Contractor through the Participant's use of the Contractor-provided payment (debit) card.

- a. The Department acknowledges that the parking services performed at the City of Madison Transportation Office are included in the Commuter Fringe Benefit Program administered by the Group Insurance Board and can be auto-substantiated in accordance with IRS regulations.
- b. Per the Benefit Program 2020 Participant Enrollment Terms and Conditions, the Participants will be responsible for providing Contractor with such information as Contractor may require from time to time to permit auto-substantiation and such information shall be in such form as Contractor may require;
- c. No contractual obligations exist that prevent the Department from performing its Contract obligations under this Amendment;
- d. To the best of its knowledge and belief, the Department agrees that the auto-substantiation of the commuter claims as contemplated under this Amendment are permissible under applicable law and related regulations, including all IRS requirements relating to autosubstantiation;
- e. Per the Benefit Program 2020 Participant Enrollment Terms and Conditions, the Participants will comply with Contractor's instructions from time to time with respect to providing the Contractor with the necessary information in the necessary form to permit auto-substantiation; and
- f. Any claim submission (electronic or otherwise) by the Participant shall constitute a representation by the Participant at the time and point of sale that such submitted claim is for a commuter expense under Section 132 of the Internal Revenue Code (I.R.C.). If requested, the Participant will provide Contractor with appropriate documentation at the time and point of sale supporting that the auto substantiated claims were for I.R.C. Section 132 eligible expenses and sufficient to permit auto substantiation of such expenses under all IRS requirements relating to real-time substantiation.