



CONTRACT AMENDMENT COVER SHEET

Agency Tracking # 31786-00130	Edison ID 48012	Contract # n/a	Amendment # 1
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Contractor Legal Entity Name PayFlex Systems USA, Inc.	Edison Vendor ID 191072
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Amendment Purpose & Effect(s)
Addition of administrative fees associated with limited purpose flexible spending accounts

Amendment Changes Contract End Date: YES NO End Date: 12/31/2020

TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A): **\$ 0.00**

Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2016			\$620,000.00		620,000.00
2017			\$1,240,000.00		\$1,240,000.00
2018			\$1,240,000.00		\$1,240,000.00
2019			\$1,240,000.00		\$1,240,000.00
2020			\$1,240,000.00		\$1,240,000.00
2021			620,000.00		620,000.00
TOTAL:			\$6,200,000.00		\$6,200,000.00

American Recovery and Reinvestment Act (ARRA) Funding: YES NO

Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.

Terence M. Hillgs

CPO USE

Speed Chart (optional)	Account Code (optional) 78902000 <i>cn</i>
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**AMENDMENT ONE
OF CONTRACT EDISON #48012**

This Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, State Insurance Committee, hereinafter referred to as the "State" and PayFlex Systems USA, Inc., hereinafter referred to as the "Contractor." For good and valuable consideration, the sufficiency of which is hereby acknowledged, it is mutually understood and agreed by and between said, undersigned contracting parties that the subject contract is hereby amended as follows:

1. Contract C.3.b.ii, adding the following heading before the Monthly Administration Fee per Participant table:

Table A:

2. Contract C.3.b.ii, adding the following table heading and payment methodology table:

Table B:

	Monthly Limited Purpose FSA (LPFSA) Administration Fee per Participant			
	To be paid by the State Group Insurance Plans			
All LPFSA Participants*	\$1.75	\$1.75	\$1.75	\$1.75

3. Contract C.3.b.ii, deleting the footnote language in its entirety and replacing it with the following:

*January enrollment will be used to determine the FSA and LPFSA enrollment-based fee level annually, and the fee level set in January of each year shall remain constant for the remainder of the calendar year. The product of the monthly fee and the number of participants, not total enrollment levels, will generate the Contractor's total payment.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective January 1, 2017. All other terms and conditions of this Contract not expressly amended herein shall remain in full force and effect.



IN WITNESS WHEREOF,

PAYFLEX SYSTEMS USA, INC:

[Handwritten Signature] 8/2/16

SIGNATURE

DATE

Jeffrey A Protector, CEO

PRINTED NAME AND TITLE OF SIGNATORY (above)

DEPARTMENT OF FINANCE AND ADMINISTRATION:
STATE INSURANCE COMMITTEE:

[Handwritten Signature] 8-9-16

LARRY B. MARTIN, COMMISSIONER

DATE

Document Approval Status

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Supplier PayFlex Systems USA Inc	

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