## EMERGENCY CONTRACT STATE OF LOUISIANA PARISH OF EAST BATON ROUGE

Emergency Contract Amendment Number 1
Administrative Services for Health Reimbursement Arrangement (HRA)
Together with an Individual Market Medicare Exchange for the Louisiana Office of Group Benefits
File Number S 53135 CP, Solicitation Number 2247327

Be it known, that effective upon approval by the Director of the Office of State Procurement, as evidenced by the Director's signature on this document, the State of Louisiana, Office of the Governor, Division of Administration, Office of Group Benefits ("State" and/or "OGB" and/or "State Agency") and Extend Health, Inc. , 2929 Campus Drive, Suite 400, San Mateo, California 94403 ("Contractor" and/or "Extend Health") do hereby enter into this Amendment to the Administrative Services for Health Reimbursement Arrangement (HRA) Together with an Individual Market Medicare Exchange Emergency Contract, File Number S 53135 CP, Solicitation Number 2247327, under the following terms and conditions through the undersigned and duly authorized representatives of each respective party.

## Changes to term of contract:

This contract shall begin January 1, 2019 and end December 31, 2019.

All other terms and conditions and prices of the emergency contract remain the same. The Emergency Contract and all Amendments shall constitute the entire Agreement between the State and the Contractor. Any other oral or written communications between the parties before or after its execution shall not alter its effects, unless the change or modification is in writing and signed by authorized representatives of the State and the Contractor. THUS DONE AND SIGNED AT \_\_\_ on this \_\_\_\_ day of \_\_\_\_ and, IN WITNESS WHEREOF, the parties have executed this Amendment Number 1 as reflected herein. WITNESSES' SIGNATURES: EXTEND HEALTH, INC. THUS DONE AND SIGNED AT \_\_\_\_\_Baton Rouge, LA \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_\_, 2018, and, IN WITNESS WHEREOF, the parties have executed this Amendment Number 1 as reflected herein. STATE OF LOUISIANA WITNESSES' SIGNATURES: OFFICE OF GROUP BENEFITS By: \_\_\_\_\_ Approved by:

Director of the Office of State Procurement

Date