

## CONTRACT SUMMARY INFORMATION

SUMMARY: Purchase is made in accordance with the Terms and Conditions of Lee County Solicitation Number

Solicitation No.: RFP220087CJV  
Project Title: Employee Benefits – FSA and COBRA  
Start Date: 1/1/2023  
Expiration Date: 12/31/2025  
Board Date: 10/18/2022  
Agenda Item: 27  
Term: Three Years  
Renewals: Not to exceed three years  
Address Book (E1) No.: 414908  
Awarded Vendor: Inspira Financial Health, Inc FKA PayFlex Systems USA, Inc.  
Contact Person: Aon Risk Services, Inc. of Florida  
7650 W. Courtney Campbell Cswy, Suite 1000  
Tampa, FL 33607  
Office Phone: 813.636.3580  
Mailing Address: Aon - MSC# 17299 | PO Box 551343 | Atlanta, GA 30355  
Rachel Juel / email: [rjuel@aon.com](mailto:rjuel@aon.com)  
Emily Thammavong / email: [Manavong.thammavong@aon.com](mailto:Manavong.thammavong@aon.com)  
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