

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: 12/31/2026
Board Date: 10/18/2022
Agenda Item: 27
Term: Four Years
Renewals: N/A
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
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