

ITN 002-18
EMPLOYEE BENEFITS INSURANCE PLANS

ADDENDUM #1
(Acknowledgment is Required)

The Respondent must acknowledge the receipt of this Addendum by signing below and including a signed copy of this Addendum with its Proposal.

Please note that underlined information (*example*) is added wording and stricken information (~~*example*~~) is deleted wording.

Please note the following revisions to Table of Contents, Exhibits of the above referenced solicitation:

1. Exhibit XIX Questionnaire (Microsoft Word™ Format) has been revised and hereby replaced in its entirety with the following:
 - Exhibit XIX Questionnaire Response Form_Revised 041818
2. Please note the following revisions to Table of Contents, Attachments of the above referenced solicitation:
 - A. Attachments 3, 5, 6, and 20 have been revised and are hereby replaced in their entirety with the following:
 - Attachment 3_Medical Providers for Disruption Report_Revised 041818
 - Attachment 5_Dental Claims Experience_Revised 041818
 - Attachment 6_Dental Providers for Disruption Report_Revised 041818
 - Attachment 20_Employee Group Health Census_Revised 041818
 - B. New Attachments 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36 and 37 are hereby added:
 - Attachment 23 Group Life Disability Experience
 - Attachment 24 Aetna 2018 Dental PPO Plan COC
 - Attachment 25 FL Blue – High Cost Claims
 - Attachment 26 Aetna – Dental COC
 - Attachment 27 FCL – VSTD – Cert
 - Attachment 28 FCL – LTD Cert Class 001
 - Attachment 29 FCL – LTD Cert Class 002
 - Attachment 30 FCL – Basic Life and AD&D – COC Class 1
 - Attachment 31 FCL – Retiree Term Life COC – Class 3
 - Attachment 32 FCL – Vol ADD COC – Class 1
 - Attachment 33 FCL – Vol Group Term Life – All
 - Attachment 34 FCL – LTD Claims Status
 - Attachment 35 FCL – Rates
 - Attachment 36 Florida Combined Life Invoice 2018-03
 - Attachment 37 Administrative Services Agreement

3. Please note the following revision to Subsection 1.7.6 Compensation of the above referenced solicitation:

~~**1.7.6 Compensation.** This section of the response is addressed in Part III, Nature of Services Required.~~

Georgia S. Hudson
Procurement Specialist 2

GSH
cc: Project Manager

ACKNOWLEDGEMENT OF ADDENDUM #1

BY: _____ DATE

(TYPE/PRINT NAME AND TITLE)

COMPANY NAME