SOUTHWEST FLORIDA WA	ATER MANAGEMENT DISTRICT – IN COVER SHEET	VITATION TO NEGOTIATE
SC 23	COCUREMENT SECTION (MAIL COD OUTHWEST FLORIDA WATER MANA 79 BROAD STREET - BUILDING #4 COOKSVILLE, FLORIDA 34604-6899	
Direct Inquiries to: Georgia S. Hudson, Procurement Specialist 2 Phone: 352-796-7211, Ext. 4147 FAX: 352-754-3497 E-mail: Procurement@watermatters.org		
DATE POSTED: March 30, 2018	DUE DATE / RESPONSES OPENING DATE: April 26, 2018 at 2:30 p.m. Eastern Time (ET)	
PRE-RESPONSE CONFERENCE: NONE		
TITLE: ITN 002-18 EMPLOYEE BENEFITS INSURANCE PLANS		
SPECIFICATIONS: The Southwest Florida Water Management District seeks responses from licensed, qualified carriers for Medical/Rx and Administration Services Only (ASO), Third Party Administrator (TPA), Dental, Life/AD&D, Long-Term Disability, Voluntary Short-Term Disability, Flexible Spending and Health Savings Accounts, Employee Assistance Program and COBRA Administration, Accident, Critical Illness, Hospital, Long-Term Care, Identity Theft, and Legal Services.		
Respondent Name:		Reason for No-Bid
Mailing Address:		
City-State-Zip:		
Telephone Number:	FAX Number:	Toll-Free Number:
Telephone Number: Email address for correspondence:	FAX Number:	Toll-Free Number:
	FAX Number:	Toll-Free Number: Date:
Email address for correspondence:	FAX Number:	
Email address for correspondence: Authorized Signature:	FAX Number:	
Email address for correspondence: Authorized Signature: Full Name (please print or type): Title (please print or type): I, the above signed, as Respondent here terms, and conditions covering the pro- conditions. I certify that this response corporation, firm, entity, or person su specifically noted) and is in all respects the terms and conditions of this Invitat Respondent. Upon award to the Respor- effective and binding upon both parties. IT IS THE RESPONDENT'S RESPONS	eby declare that I have carefully read this oducts and services as called for, and e is made without prior understanding ibmitting a response for the same pro- fair and without collusion or fraud. By si ion to Negotiate and certify that I am a indent and execution by the District below BIBILITY TO ASSURE THAT ITS SEALE D LOCATION. RESPONSES RECEIV	Date: Invitation to Negotiate and its provisions, fully understand the requirements and g, agreement, or connection with any oducts and services (unless otherwise igning above, I agree to be bound by all outhorized to sign this response for the ty, terms and conditions of this ITN will be
Email address for correspondence: Authorized Signature: Full Name (please print or type): Title (please print or type): I, the above signed, as Respondent here terms, and conditions covering the pro- conditions. I certify that this response corporation, firm, entity, or person su specifically noted) and is in all respects the terms and conditions of this Invitat Respondent. Upon award to the Respor- effective and binding upon both parties. IT IS THE RESPONDENT'S RESPONS PROPER TIME TO THE SPECIFIED	eby declare that I have carefully read this oducts and services as called for, and e is made without prior understanding ibmitting a response for the same pro- fair and without collusion or fraud. By si ion to Negotiate and certify that I am a ident and execution by the District below BIBILITY TO ASSURE THAT ITS SEALE O LOCATION. RESPONSES RECEIND.	Date: Invitation to Negotiate and its provisions, fully understand the requirements and g, agreement, or connection with any oducts and services (unless otherwise igning above, I agree to be bound by all outhorized to sign this response for the ty, terms and conditions of this ITN will be
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