



ADDENDUM #17

RFP #FY 2018-2019-004 CITY OF HALLANDALE BEACH GROUP MEDICAL WITH PHARMACY, MEDICAL GAP PLAN, DENTAL, VISION, EMPLOYEE ASSISTANCE PROGRAM, FLEXIBLE SPENDING ACCOUNT AND COBRA ADMINISTRATION

Please ensure you check the City's website for the latest addendum released for this project. Below finds the link to the City's website: www.cohb.org/solicitations.

Firm must provide this form signed by an authorized officer of your Firm to acknowledge receipt of ADDENDUM #17 and provide with your Firm's response.

PLEASE NOTE:

For this RFP the Truth-In-Negotiation Certification form found in RFP document, page 32 is no longer valid.

Please do not fill out and return the Truth-In-Negotiation Certification form with Firm's RFP submission.

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PLEASE NOTE: REVISED AS OF 4/9/2019, RFP DOCUMENT, PAGES 17-18, ITEM 6 - REQUIRED FORMS.

CHANGE FROM:

Gallagher Benefit Services, Inc. will be responsible for evaluating the Minimum Qualification Requirement of the proposers and will be responsible for deeming a proposer as responsive or non-responsive.

6. Required Forms

Proposing Firm must complete and include all forms within the proposal and submit on USB drive and one (1) hardcopy:

- a. [Proposal Submitted by Form](#)
- b. [Variance Form](#)
- c. [Legal Proceedings Form](#)
- d. [Public Entity Crime Form](#)
- e. [Domestic Partnership Certification form](#)
- f. [Conflict of Interest Notification Requirement Questionnaire](#)
- g. [Drug Free Workplace Form](#)
- h. [Reference Check Form](#)
- i. [Anti-Kickback Affidavit](#)
- j. [Truth-In-Negotiation Certificate](#)
- k. [Addenda](#)
- l. Exhibit A – Vendor Submittal Checklist
- m. Exhibit B – Questionnaires
 - a. Exhibit B1 – Medical with Pharmacy, EAP and GAP Questionnaire
 - b. Exhibit B2 – Dental Questionnaire
 - c. Exhibit B3 – Vision Questionnaire
 - d. Exhibit B4 – FSA and COBRA Questionnaire
- n. Exhibit C – Plan Designs
 - a. C1.1 - Medical HDHP-HRA

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- b. C1.2 – Medical Alternative HMO
 - c. C2.1 – Dental HMO
 - d. C2.2 – Dental PPO
 - e. C3 – Vision Plan Design Template
 - o. Exhibit E – Financial Response Forms
 - a. Exhibit E1 - Medical with Pharmacy and Medical Gap Financial Response Form
 - b. Exhibit E2 – Dental Financial Response Forms
 - c. Exhibit E3 – Vision Financial Response Form
 - d. Exhibit E4 – EAP Financial Response Form
 - e. Exhibit E5 – FSA and COBRA Financial Response Form
 - p. Exhibit O – General Scope of Services Form
7. **Firms Experience and Qualifications**
Complete the appropriate Exhibits.
8. **Scope of Services**
See Exhibit O and any other appropriate Exhibits.
9. **Cost of Services**
To be provided in the appropriate Exhibits.

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ADDENDUM # 17

- a. Exhibit E1 - Medical with Pharmacy and Medical Gap Financial Response Form
- b. Exhibit E2 – Dental Financial Response Forms
- c. Exhibit E3 – Vision Financial Response Form
- d. Exhibit E4 – EAP Financial Response Form
- e. Exhibit E5 – FSA and COBRA Financial Response Form
- o. Exhibit O – General Scope of Services Form

10. Firms Experience and Qualifications

Complete the appropriate Exhibits. See addendum # 15, answer # 30.

11. Scope of Services

See Exhibit O and any other appropriate Exhibits.

12. Cost of Services

To be provided in the appropriate Exhibits.

PLEASE NOTE RECEIPT OF ADDENDUM #17 BY SIGNING BELOW AND INCLUDE WITH YOUR FIRM'S SUBMISSION.

I ACKNOWLEDGE RECEIPT OF ADDENDUM #17:

Company:	
Name:	
Title:	
Signature:	
Date:	

Sincerely,



Andrea Lues, Director, Procurement Department