



**LINCOLN UNIVERSITY
PURCHASING DEPARTMENT
REQUEST FOR PROPOSAL (RFP)**

AMENDMENT 001

RFP NO.: B19-1174

TITLE: INTERNATIONAL STUDENT HEALTH INSURANCE

ISSUE DATE: May 10, 2019

BUYER: DEBRA KIDWELL

PHONE #: (573) 681-5415

E-MAIL: kidwelld@lincolnu.edu

RETURN PROPOSAL NO LATER THAN: MAY 16, 2019 AT 2 P.M. CENTRAL TIME

MAILING INSTRUCTIONS: Print or type **RFP Number** and **Return Due Date** on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Lincoln University Purchasing Department (1002 Chestnut St, Room 101) by the return date and time.

RETURN PROPOSAL TO: (courier service)
LINCOLN UNIVERSITY
1002 CHESTNUT ST
SHIPPING & RECEIVING BLDG
JEFFERSON CITY MO 65101

CONTRACT PERIOD: AUGUST 1, 2019 THROUGH JULY 31, 2020, WITH THE OPTION TO RENEW THE CONTRACT FOR FOUR (4) ADDITIONAL ONE-YEAR PERIODS.

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 04/23/2010). The offeror further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from Lincoln University or when this RFP is countersigned by an authorized official of Lincoln University, a binding contract shall exist between the offeror and Lincoln University.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE		DATE
PRINTED NAME		TITLE
DOING BUSINESS AS (DBA) NAME		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID #
MAILING ADDRESS		IRS FORM 1099 MAILING ADDRESS
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
VENDOR NO. (IF KNOWN)	TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input type="checkbox"/> FEIN or <input type="checkbox"/> SSN
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other		
CONTACT PERSON		E-MAIL ADDRESS
PHONE NUM BER.		FAX NUMBER

NOTICE OF AWARD (LINCOLN UNIVERSITY ONLY)

ACCEPTED BY LINCOLN UNIVERSITY AS FOLLOWS:		
CONTRACT NO.		CONTRACT PERIOD
BUYER	DATE	PURCHASING DIRECTOR

**AMENDMENT NO: 001 TO RFP B19-1174
INTERNATIONAL STUDENT HEALTH INSURANCE**

**RFP B19-1174 IS HEREBY AMENDED WITH THE FOLLOWING REVISIONS AND
ADDITIONS:**

ADD new section:

HISTORICAL INFORMATION

- The current plan is with LowerMark Student Insurance Programs, International Student Accident and Sickness Policy underwritten by Sirius International Insurance Corporation
- The current plan does NOT include an athletic insurance benefit.
- Additional loss information is not available.
- All international students at LU have historically been classified as mandatory participant groups required to purchase the adopted health insurance plan or to provide proof of enrollment (hard waiver).
- Current policy and brochure
 - The current policy and brochure were not included as LU does not want respondents to duplicate existing coverage; rather, LU asks the respondents to make a robust offer within the constraints of the RFP.
 - It should be noted that respondents may make multiple offers – for example, the first offer might be a plan that meets the minimal requirements, and a second offer might be a plan that includes additional coverages recommended for this type of plan. If making multiple offers, ensure that they are clearly delineated in your response and complete a pricing page for each offer.