AMENDMENT NO: 001
RFP NO.: B15-1039
TITLE: EMPLOYEE BENEFITS INSURANCE
BROKER AND CONSULTANT
ISSUE DATE: January 12, 2015
REQ NO.: n/a
BUYER: Debra Kidwell
PHONE NO.: (573) 681-5415
E-MAIL: kidwelld@lincolnu.edu

RETURN PROPOSAL NO LATER THAN: JANUARY 29, 2015 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: LINCOLN UNIVERSITY
1002 CHESTNUT ST
SHIPPING & RECEIVING BLDG
JEFFERSON CITY MO 65101

CONTRACT PERIOD: The contract will be effective from date of award or April 1, 2015 through March 31, 2016. The University shall have the right, at its sole option, to renew the contract for four (4) additional one year periods, or any portion thereof.

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)
☐ FEIN or ☐ SSN
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)
☐ Corporation ☐ Individual ☐ State/Local Government ☐ Partnership ☐ Sole Proprietor ☐ Other
CONTACT PERSON
E-MAIL ADDRESS
PHONE NUMBER
FAX NUMBER

NOTICE OF AWARD (LINCOLN UNIVERSITY ONLY)

ACCEPTED BY LINCOLN UNIVERSITY AS FOLLOWS:

CONTRACT NO.
CONTRACT PERIOD
BUYER
DATE
PURCHASING DIRECTOR
AMENDMENT #001 TO RFP B15-1039

TITLE:  EMPLOYEE BENEFITS INSURANCE BROKER AND CONSULTANT

RFP B15-1039 is hereby amended with the following revisions and additions:

Page 4, Section 4.a. Exhibit A: 3.a. and 3.b. data: (Health Insurance Summary Information and Dental and Vision Insurance Summary Information):

1. **DELETE** all date in the column labeled Items.

2. **ADD** the following information to the chart:
   a. Health Insurance
      i. Average monthly member enrollment (employees): around ~420
      ii. With subscribers (all enrollees of employee, spouse, dependents, pre-65 retirees and COBRA): around 520.
   b. Dental insurance enrollment: around 260 (employees 180 and spouse/dependents 80)
   c. Vision insurance enrollment: around 200  (employees 130 and spouse/dependents 70)