

ADDENDUM No. 1

TO: ALL BIDDERS  
FROM: CITY OF HIALEAH  
RFP NO. 2009/10-0240-36-003  
RE: SPECIFIC AND AGGREGATE STOP-LOSS COVERAGE  
DATE: NOVEMBER 10, 2009

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The original contract documents for the entitled: SPECIFIC AND AGGREGATE STOP-LOSS COVERAGE need to be amended as noted in this Addendum No. 1.

This Addendum No. 1 consists of 2 typed pages. All other items and conditions of the original Contract Documents shall remain unchanged. This Addendum shall become a part of the Contract Documents.

Approved for issue:  Date: November 10, 2009  
Michael Flores - Purchasing Director

ACKNOWLEDGMENT

Receipt of this Addendum No. 1 shall be acknowledged in the space provided on the ADDENDUM RECEIPT form – ARF (Copy attached) now a part of the Contract Documents to be faxed immediately to the City of Hialeah Purchasing Division (305) 883-5871 and submitted with sealed bids.

QUESTIONS AND ANSWERS:

We are beginning to receive questions/requests from our carrier markets concerning the RFP for Specific & Aggregate Stop Loss. Below are two items that have been requested from several carriers.

- Specific Stop Loss claim report for the 2008 plan year.
- Census report showing the employee/retiree zip codes

In response to request #1, please refer to the information provided in the bid proposal.

In response to request #2, please see the attached excel file.

The Specific Stop Loss claim report in the RFP is for 2009. Do you by chance have the same report for 2008?

No, I'm sorry, 2008 is not available.

END OF ADDENUM No. 1

CITY OF HIALEAH

SPECIFIC AND AGGREGATE STOP-LOSS COVERAGE

RFP NO. 2009/10-0240-36-003

ADDENDUM No. 1

CONTRACTOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

THE BIDDER ACKNOWLEDGES RECEIPT OF THE FOLLOWING ADDENDUM BY SIGNING AND DATING BELOW:  
(Copy of this form must be faxed immediately to the City of Hialeah at (305) 883-5871).

<u>ADDENDUM</u>	<u>SIGNATURE</u>	<u>DATE</u>
<u>1</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ARF