



County of El Paso Purchasing Department
800 E. Overland Room 300
El Paso, Texas 79901
(915) 546-2048 / Fax: (915) 546-8180
www.epcounty.com

ADDENDUM 1

To: All Interested Proposers
From: Blanca Carbajal, Inventory Bid Technician
Date: July 6, 2016
Subject: RFP #16-041 Life, Voluntary Life and Vision Insurance for the County of El Paso

This Addendum has been issued to notify vendors of the following modifications:

- **Revised Price Sheet attached.**
- **Additional Attachments have been added. See County webpage: www.epcounty.com ;bids and more; list of bids.**

EL PASO COUNTY SIGNATURE PAGE

RFP # 16-041	
Life, Voluntary Life and Vision Insurance for the County of El Paso	
Vendor must meet or exceed specifications	
LIFE INSURANCE	COST
Employer Paid Life Insurance per \$1,000.00	\$
Employer Paid Accident Life & Dismemberment per \$1,000.00	\$
Voluntary Employee Paid Life Insurance per \$1,000.00	\$
Voluntary Spouse Life Insurance per \$1,000.00	\$
VISION INSURANCE	COST
Employee Only	\$
Employee & One Dependent	\$
Employee & Family	\$
Please do not include tax, as the County is tax-exempt. We will sign tax exemption certificates covering these items. Please submit two (2) original copy and five (5) electronic versions of the complete proposal (CD/DVD/Flashdrive) in Word/PDF Format. Electronic copies must reflect the original hard copy.	

I or we agree to furnish the following described equipment, supplies, or services for the prices shown in accordance with specifications listed below or attached. By execution of this proposal, I hereby represent and warrant to El Paso County that I have read and understood the Proposal Documents and the Contract Documents and this proposal is made in accordance with the Proposal Documents.

Please quote prices and discounts on the following items:

F. O. B. El Paso County

Company

Mailing Address

Federal Tax Identification No.

City, State, Zip Code

DUNS Number (Applicable to Grant Funded Project)

Representative Name & Title

Telephone Number include area code

Signature

Fax Number include area code

Date

Email Address

*****THIS MUST BE THE FIRST PAGE ON THE PROPOSAL SUBMITTED*****