



# THE SCHOOL DISTRICT OF LEE COUNTY

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## PROCUREMENT SERVICES DEPARTMENT

*Tracey N. Adams, Procurement Coordinator*

### **ADDENDUM TO CONTRACT DOCUMENTS**

ADDENDUM NO.: 4

PROJECT NAME: RFP No. R167266TA – Group Critical Illness and Group Accident Insurance

DATE OF ISSUE: May 10, 2016

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The following information shall be included in the RFP documents and is hereby made part of the contract documents in the form of clarification, addition, deletion or revision to the contract specifications.

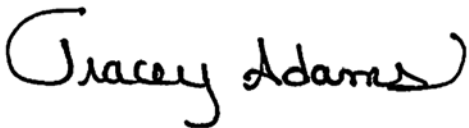
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#### **Bidders' questions/issues and District answers (District answers are italicized):**

- Q1. If we are unable to provide a rate guarantee over 3 years are we going to be automatically disqualified?
- A1. No
- Q2. We are only able to offer attained age rates in Florida. Seeing that the RFP is requesting both attained and issue age rates, will we be automatically disqualified?
- A2. No
- Q3. We are having trouble locating two forms:
1. Attachment P – Compensation for Services Form
  2. Attachment Q – Beneficial Interest and Disclosure Affidavit
- A3. 1. Attachment P – Please provide your standard commissions schedule in place of this form.
3. Attachment Q – See Attached.

There are no other changes at this time. Please acknowledge this addendum via Attachment D, Addenda Acknowledgement Form.

***Thank you for your interest in The School District of Lee County.***

A handwritten signature in black ink that reads "Tracey Adams". The signature is written in a cursive style with a large, looped initial "T".

***Tracey Adams, CLGPO  
Procurement Coordinator***

**ATTACHMENT Q - BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP**

**AFFIDAVIT**

**GROUP CRITICAL ILLNESS & GROUP ACCIDENT INSURANCE - RFP No. R167266TA**

Project: Group Critical Illness & Group Accident Insurance

RFP No: R167266TA

Corporation Name: \_\_\_\_\_

Tax FEIN Number: \_\_\_\_\_

**BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared, ("Corporate Representative") this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_, who, first being duly sworn, as required by law, subject to the penalties prescribed for the perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01 (3), Florida Statutes to include individuals, children, firms, associates, joint ventures, partnerships, estates, trusts, business trust, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

| Name | Address | Percentage |
|------|---------|------------|
|------|---------|------------|

| Name | Address | Percentage |
|------|---------|------------|
|------|---------|------------|

| Name | Address | Percentage |
|------|---------|------------|
|------|---------|------------|

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

| Name | Address | Percentage |
|------|---------|------------|
|------|---------|------------|

| Name | Address | Percentage |
|------|---------|------------|
|------|---------|------------|

| Name | Address | Percentage |
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