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www.co.hidalgo.tx.us/purchasing

August 13, 2019

**RE: ADDENDUM NO.1 – Hidalgo County
FOR RFP: 2019-225-09-04-YZV
Third Party Administrations, Individual Stop Loss For
Self Funded Medical Plan, Pharmacy Benefit
Management Services, Group Term Life & Accidental
Death & Dismemberment, & Employee Assistance
Program**

Dear Gentlemen:

Attached you will find **ADDENDUM NO. 1**, in connection with Hidalgo County's request for proposals for **“Third Party Administrations, Individual Stop Loss For Self Funded Medical Plan, Pharmacy Benefit Management Services, Group Term Life & Accidental Death & Dismemberment, & Employee Assistance Program”**

Please add this **ADDENDUM NO. 1** to your submitted packet so as to permit your company to submit a complete. See original RFP packet LEGAL NOTICE page 3 paragraph 9.

Acknowledge receipt of **ADDENDUM NO. 1** by signing and returning this notice via email to yolanda.velasquez@co.hidalgo.tx.us and/or submitting this form with your qualifications submittal.

If you do not receive all pages of **ADDENDUM NO. 1** please notify us immediately at 956-318-2626.

Please be advised that this **ADDENDUM NO. 1** will complete your packet for Hidalgo County's **“Third Party Administrations, Individual Stop Loss For Self Funded Medical Plan, Pharmacy Benefit Management Services, Group Term Life & Accidental Death & Dismemberment, & Employee Assistance Program”**

Thank you for your prompt attention to this matter.

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

Enclosures
MLS/yzv

1 of 2 pages

ADDENDUM NO. 1

August 13, 2019

Hidalgo County

Third Party Administrations, Individual Stop Loss For Self Funded Medical Plan, Pharmacy Benefit Management Services, Group Term Life & Accidental Death & Dismemberment, & Employee Assistance Program

RFP NO.: 2019-225-09-04-YZV

PLEASE NOTE CHANGES AS FOLLOWS:

“The County is requesting that bids for the County sponsored Group Term Life and Accidental Death benefit be provided net of any agent commissions, overrides or fees”

I acknowledge receipt of ADDENDUM NO. 1 dated, August 13, 2019, for RFP-2019-225-09-04-YZV Third Party Administrations, Individual Stop Loss For Self Funded Medical Plan, Pharmacy Benefit Management Services, Group Term Life & Accidental Death & Dismemberment, & Employee Assistance Program”.

BY:

Signature

Print Name: _____

Company Name: _____

Date: _____

NOTE: PLEASE SUBMIT THIS ADDENDUM WITH YOUR PACKET, IN ORDER TO COMPLETE YOUR RESPONSE.