



COUNTY OF WASHINGTON, VIRGINIA

COUNTY ADMINISTRATION BUILDING
1 GOVERNMENT CENTER PLACE, SUITE A
ABINGDON, VIRGINIA 24210

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DIRECTOR OF BUDGET & FINANCE

DEPARTMENT OF BUDGET & FINANCE

ADDENDUM NO. 2 TO ORIGINAL REQUEST FOR PROPOSALS MEDICAL INSURANCE FOR COUNTY OF WASHINGTON, VIRGINIA

DATE: February 20, 2019

Opening Date of Proposal: **March 5, 2019 @ 3:00 P.M.**

This addendum is being issued to make the following changes, corrections, clarifications, and additions to the proposal document. The information in this addendum modifies and changes the original proposal document and takes precedence over the original document. Receipt of this addendum shall be acknowledged by the offeror signing and dating below and submitting this document with your proposal form. Failure to acknowledge this addendum may preclude consideration of the proposal for award.

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1. Request for Proposals Attachment B, Employee Census and Current Plan Description, The Local Choice Health Benefits Program Fiscal Year 2020 Renewal information is provided with this addendum.
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ACKNOWLEDGEMENT OF RECEIPT OF PROPOSAL ADDENDUM

To qualify your proposal, of which this addendum is now a part, this acknowledgement of receipt of proposal addendum must be acknowledged and returned with your completed proposal form. Signature on this addendum does not substitute for your signature on the original proposal document. The original proposal document must be signed.

Vendor Name

Vendor Address

Printed Name of Signatory

Printed Title of Signatory

Signature

Date of Signature