
REQUEST FOR PROPOSALS

August 5, 2008

RFP #2009-1365-2205

**City of Newport News
OFFICE OF THE PURCHASING DIRECTOR
2400 Washington Avenue
Newport News, VA 23607**



Phone: (757) 926-8721/ Fax: (757) 926-8038

Medical Plan Coverage

ADDENDUM 1

PROPOSAL DUE: August 29, 2008 at Close of Business (COB)

Contract Officer:

Bill Lindsey, CPPO, C.P.M., Purchasing Administrator

Be advised of the following changes to the subject solicitation:

Page 26, Census Data: **Delete the words**, "...an EXCEL file "The City of Newport News Census_RFP" which provides the following"...

Page 29, XV. Proposal Submission Requirements, Paragraph O., **After the words**, Completed Rate Quotations, **Add the following words**: to include premium quotes for Single, Single +Child, Single + Spouse and Family Coverage.

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax No.: _____ E-Mail: _____

Fed. Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

This form must be signed. All signatures must be original and not photocopies