



Addendum Acknowledgement Form

Group Basic Term Life, Accidental Death & Dismemberment,
and Long-Term Disability Insurance

ITB NO. 21-003- Addendum No. 1 Questions Related to RFP

ITB NO. 21-003 – Addendum No. 2 New Proposal Due Date

NAME OF COMPANY: _____

COMPANY CONTACT/ TITLE: _____

EMAIL: _____

PHONE: _____

MAILING ADDRESS: _____

By signing below, I acknowledge receipt of the addendums listed above and that I have a complete understanding of the material contained in the addendums. I further certify that any changes caused by the addendums are incorporated into our STATEMENT submitted in response to this procurement action.

SIGNATURE OF AUTHORIZED AGENT _____

DATE _____