

**CAMERON COUNTY PURCHASING**

**1100 E. Monroe St,**

**Brownsville, Texas 78520**

**(956) 544-0871 Fax: (956) 550-7219**

**ADDENDUM # 2 - PAGE 1 of 1**

**Date out : 2-12-21**

**RFQ TITLE: REQUEST FOR QUALIFICATIONS TO FURNISH CONSULTING SERVICES TO ASSIST THE CAMERON COUNTY HUMAN RESOURCES DEPARTMENT AND COMMISSIONERS COURT IN THE PREPARATION AND ADMINISTRATION OF REQUEST FOR PROPOSALS FOR THE EVALUATION OF AND RECOMMENDATIONS PERTAINING TO THE DESIGN, IMPLEMENTATION, AND ADMINISTRATION OF THE CAMERON COUNTY SELF-FUNDED EMPLOYEE HEALTH CARE PLAN (“THE PLAN”), INCLUDING RECOMMENDATIONS ON THE FUNDING, STOP LOSS, AGGREGATE STOP LOSS, PREFERRED PROVIDERS, THIRD PARTY ADMINISTRATION SERVICES, AND SELF-FUNDED WORKERS COMPENSATION PLAN, AS WELL AS THE COUNTY’S EMPLOYEE ASSISTANCE PROGRAM, CAFETERIA PLAN, VOLUNTARY DENTAL AND VISION INSURANCE PLANS AND ANCILLARY PRODUCTS/SERVICES.**

**RFQ# 1459A**

**DEADLINE:** **~~FEBRUARY 16, 2021~~ FEBRUARY 18, 2021**

***(IN ORDER TO AVOID DISQUALIFICATION – ALL ADDENDUMS MUST BE SIGNED AND RETURNED BY DEADLINE AND INCLUDED IN THE SEALED RFQ PACKAGE SUBMITTED)***

**CHANGE DEADLINE**

**FROM**

**FEBRUARY 16, 2021**

**TO**

**FEBRUARY 18, 2021**

Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_

Vendor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Must include and return with RFQ package***